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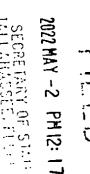
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: D4 L	- Properties Name of Limi	OF Florio	la LLC	-
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
		Ore J. Ho		
	Wether	Jerm/Company	amilton, p	<u> </u>
	812 W.	DV. MUK	JR Blud	Suite 10.
	Tam	OA A City/State and Zip Code Code	33603	
	CSSICAZ E-mail address: (1	City/State and Zip Code Code to be used for future annual	report notification)	-
For further information co	ncerning this matter, please ca	all.		
Jessica Name of	Zew	at (<u>\$13</u>)	Daytime Telephone Number	
Name (ii	reison	Area code	Daytine Telephone Trans	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi losed) Certifi	Filing Fee, icate of Status & ed Copy nal copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327	ection orporations	Division	Idress: ation Section n of Corporations ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	18 S
	Of Flunda LLC Liability Company as it now appears on our record Florida Limited Liability Company)	TILL TILL TORRESSEE OF SSEE OF
The Articles of Organization for this Limited Lial Florida document number LICOOO		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	.C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	here:	
Name of New Registered Agent:		amilton, PA
New Registered Office Address:	Enter Florida street addr	TR. Blvd, Ste 11 Florida 33603 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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	····		🗀 Add
			Remove
			□ Change

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(If an effec Note: If	e date, if other than the date of filing:
ne record ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	Laury S. Vope
	LAURA S. Popel Typed or printed name of signee