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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1711 E. Niel Street Properties, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David C. Age R
Reid & Agee, PLLC
3633 26-12 Street West &
Bradenton, FL 34205 City/State and Zip Code
E-mail address: (to be used for fiture avnual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Description Person Person
For further information concerning this matter, please call: Description

☐ \$55.00 Filing Fee &

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(additional copy is enclosed)

MAILING ADDR ESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$25.00 Filing Fee

☐ \$30.00 Filing Fee &

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STREET/COURIER ADDRESS:

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Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1711 E. M	el Street Parential, L	<u> </u>		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our rec Florida Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liab	, , ,	2016 and assigned		
This amendment is submitted to amend the follow	ing:			
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	4DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAYBEA POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our reco	SECRETARY OF the new ords, enter the name of the new		
Name of Navy Desigtant Accept:		DE OO		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ad	dress		
	, Florida			
•	City	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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	Olivera, Alma	20268 Merry Oak Ave	🗆 Add
		Tampa, FL 33647	
			☐ Change
MOR	Capestany, Jone, th	en 20268 Morry OakA	<u>e</u> □ Add
	v	Tampa, FR 33647	Remove
			Change
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Filing Fee: \$25.00