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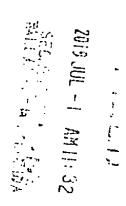
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COVER LETTER

Division of Corporations BUTLER & BUTLER PROPERTIES LLC SUBJECT: _ 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: MOLLY BUTLER Name of Person **BUTLER & BUTLER PROPERTIES** Firm/Company 3560 A1A \$ STE 2 Address Saint Augustine, FL 32080 City/State and Zip Code mollybutler@remax.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 325-0843 Molly Butler Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Butler & Butler Properties LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L16000086919	were filed on 5/3/2016	and assigne			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3560 A1A South				
(Principal office address MUST BE A STREET ADDRESS)	STE 2				
	Saint Augustine, FL 32080				
Enter new mailing address, if applicable:	3560 ATA South				
(Mailing address MAY BE A POST OFFICE BOX)	STE 2				
	Saint Augustine, FL 32080				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of t			
New Registered Office Address:		1 1			
	Enter Florida street address, Florida City	FZip Corte			
New Registered Agent's Signature, if changing Registered Agent:		200			
I hereby accept the appointment as registered agent and agr		gree to comply w			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
MGR	Shane Radcliff, COO	3560 A1A S	
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he record specifies a dela The 90th day after the		ite, but not an	effective time	, at 12:01 a.m	. on the	earlie
Dated	<u> </u>	2019				
Moll	y A. Butl Signature of a mo	er	ramacantativa of a	momber		
·	orgnature or a me	ember of aumorized	representative of a	member		
Molly Butler						
		Typed or printed nan	ne of signee	-		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00