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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Division of C			,
James Ju	de Coyle Properties, LLC		
SUBJECT:	Name of Li	mited Liability Company	
	of Amendment and fee(s) are su	_	
	James J. Coyle		
		Name of Person	
		Firm/Company	
	627 Grasslands Village Ci	rcle	
		Address	
	Lakeland, Fl. 33803	<u></u>	
•		City/State and Zip Code	
	jcoyle@kw.com		
	E-mail address:	(to be used for future annual report notifi	cation)
For further information of	concerning this matter, please o	all:	
James Coyle		863-698-0040 at (
Name e	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Pee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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 ARTICLES OF ORGANIZATION **OF**

James Jude Coyle Properties, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp.	any were filed on 05/11/2016	and assigned
Florida document number L16000092626		
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
James Jude Coyle, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		Se CT T
		9 C7
		7
m / 91 Adv de to Et		PH 4: 21
Enter new mailing address, if applicable:		T T
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		rds, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	

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 = Authorized Member Type of Action Title <u>Name</u> <u>Address</u> □ Add □ Remove ☐ Change _□ Add □ Remove □ Change Change of Change Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add _□ Remove

☐ Change

D. If amending any other in	formation, enter change	e(s) here: (Attach a	dditional sheets, if ne	ecessary.)	
					-
					-
		 			•
					•
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				ON CF	BJ-4
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				VISION OF CORPORATIONS	1:21
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E. Effective date, if other than (If an effective date is listed, the da Note: If the date inserted in the document's effective date on	his block does not meet the	applicable statutory f	iling requirements, thi	onal) r filing.) Pursuant to 605, s date will not be listed	0207 (3)(b) d as the
f the record specifies a del b) The 90th day after the	ayed effective date, b record is filed.	ut not an effectiv	e time, at 12:01 a	a.m. on the earlie	r of:
Dated September 26					
	Signature of a member	r authorized representat		. 0 .	
	Typed o	r printed name of signe	Amer J.	x (~	

Page 3 of 3

Filing Fee: \$25.00