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(Re	equestor's Name)	
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COVER LETTER

	gistration Sect rision of Corpo		a, San	•	
CUDIECT.		ney Properties, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of At	mendment and fec(s) are sub	mitted for filing.		
Please return	ı all correspond	ence concerning this matter	to the following:		
		Clara Rodriguez Rokusek			
			Name of Person		_
			Firm/Company		_
		4925 Independence Parkw	•		
			Address		_
		Tampa, FL 33634			
			City/State and Zip Code		_
		clara@rokusek-law.com		Agus Pag	i. N
For further in	nformation con	E-mail address: (cerning this matter, please c	to be used for future annual reall:	port notification)	2 MAR
Clara Rodrig	guez Rokusek		at ()	.3670	
Enclosed is	Name of P	erson following amount:	Area Code	Daytime Telephone Number	A II: 00
		_		,	
\$25.00 F	iling Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific sed) Certific	ate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Milk and Honey Properties, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our recor mited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Com	npany were filed on May 23, 2016	and assigned
Florida document number L16000099650		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words 'Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
Maning univers MAT BE A FOST OFFICE BOAL		- A - 2017
		
B. If amending the registered agent and/or register	ad office address on our record	
registered agent and/or the new registered office addres	s here:	mo Mi
Name of New Registered Agent:		93 =
ivaine of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street addre	NS
	,F	lorida
	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 = Authorized Member

<u>Title</u>	<u>Name</u> .	Address	Type of Action
MGR	Clara Rodriguez Rokusek	4925 Independence Parkway, Suite	Add
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		 	Change
			D Add
			□ Remove
,			☐ Change
			
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<u>ite:</u>	If the date ins	ted, the date must I erted in this bloc	k does not m	ect the applic	able statutory	or more than s filing require	ments, th	r tung.) S date ≀	will not	i ta 603/020. baz liste d as
cum	ieni s effective	date on the Dep	anment of S	rate s records.					l: 00	-
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ited_	March 1			2017						
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