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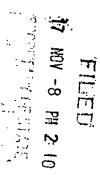
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COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations		
		perties (Georgia 2), LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Glinda W Prescott		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		WEGP Properties (Georgia	a 2), LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		6075 State Road 13 North		
			Address	
		Saint Augustine, FL 32092	2	2
			City/State and Zip Code	
		glindap@comcast.net		;• •
P 6 4 1	0	·	to be used for future annual report no	ntification) & &
		oncerning this matter, please ca		
Glinda W Pro			904 806-0092 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
\$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU! Registration Sec Division of Corp Clifton Building 2661 Executive	orations

2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

wear Properties (Georgia 2), LLC		
(<u>Name of the Limited L</u> (A F	lability Company as it now appears on our reco lorida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabi Florida document number L16000111937	lity Company were filed on June 9, 2016	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		7 9 ins
		5 4
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
		<u> </u>
		₩ ?
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
_		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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eddie E. Prescott	6075 State Road 13 North	
		Saint Augustine, FL 32092	■ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
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			Remove
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fective date, if other than the an effective date is listed, the date mote: If the date inserted in this becument's effective date on the I	ist be specific and cannot be polock does not meet the ap-	plicable statutory filir	nore than 90 days after fi	al)	605.0207 (Jisted as th
e record specifies a delaye The 90th day after the re		not an effective	time, at 12:01 a.ı	m. on the ea	arlier of:
November 1	, 2017	12:01 AM			
	Thick W. Pres	car	Shriti 1	vifer t	Lece
	Signature of a member or a				

Page 3 of 3

Filing Fee: \$25.00

Eddie died July 24, 2017