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J. HARRIS

COVER LETTER

SUBJECT:	Big Bend Property Management, LLC
OUDJECI:	Name of Limited Liability Company
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Jill A. Brock
	Name of Person
	Big Bend Property Management
	Firm/Company
	Post Office Box 12704
	Address
	Tallahassee, Florida 32317
•	City/State and Zip Code
	bigbendpropertymgmt@gmail.com
	E-mail address: (to be used for future annual report notification)
or further in	nformation concerning this matter, please call:
ill A. Brock	115 0027
	Name of Person Area Code Daytime Telephone Number
inelosed is a	check for the following amount:
\$25.00 F	iling Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 TO ARTICLES OF ORGANIZATION OF

Big Bend Property Management, 1			
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compan	pears on our records.) ny)	
The Articles of Organization for this Limited I	June 30, 2016 and assigned		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	,k	
	···		ز
		施術 (物語) (2位)	-
Enter new mailing address, if applicable:			؞ ؙڒ
Mailing address MAY BE A POST OFFICE	± T _U	4	
		15	
		ъ.	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address office address here:	on our records, enter the name of the ne	Y
Name of New Registered Agent:	7		
New Registered Office Address:	930 Thomasville Road, Suite 2	202	
	Enter .	Florida street address	
	Tallahassee	, Florida ³²³⁰³	
	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	Barry Bevis	930 Thomasville Road, Suite 202	= Add
		Tallahassee, Florida 32303	☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
	,		□ Add
			Remove
			PAdd Remove
			Change
			□ Remove
			5 0

			
			
Note: If the date inserted in th	the date of filing:(option to date of filing or more than 90 days after this block does not meet the applicable statutory filing requirements, this the Department of State's records.	ional) r filing.) Pursuant to 605. s date will not be listed	0207 (3 d as the
document's effective date on the	the Department of State's records. ayed effective date, but not an effective time, at 12:01	s date will not be listed	d as the
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he record specifies a delation of the 90th day after the	ayed effective date, but not an effective time, at 12:01 at record is filed.	s date will not be listed	d as th
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Filing Fee: \$25.00