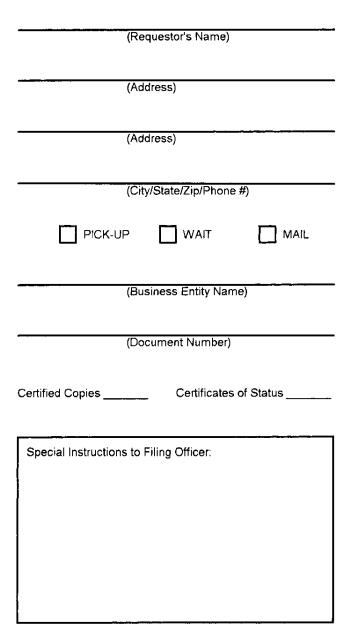
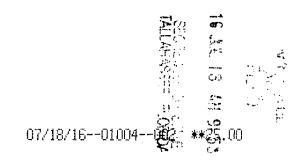
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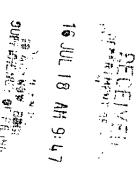
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HARRIE



COVER LETTER

TO:	Registration Sec Division of Corp		: :				
SUBJE	~~	operty Management, LLC					
Name of Limited Liability Company							
		Amendment and fee(s) are sub	·				
		Marion Joe Brock, II					
			Name of Person				
Big Bend Property Management, LLC							
Firm/Company							
930 Thomasville Road, Suite 202 Address							
City/State and Zip Code							
		bigbendpropertymgmt@gm	ail.com to be used for future annual report notific	nation			
For furt	her information co	oncerning this matter, please ca	•	апон)			
Marion	Joe Brock, II		850 274-6270 at ()				
Name of Person				Telephone Number			
Enclose	d is a check for the	e following amount:					
\$25	.00 Filing 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)			

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, LLC				
(Name of the Limited I (A)	liability Compa Florida Limited	inv as it now appears on our reco Liability Company)	rds.)	-
The Articles of Organization for this Limited Liabi	and a	and assigned		
Florida document number L16000123729	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company here:		
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation '	"L.L.C."
Enter new principal offices address, if applicable	e:	930 Thomasville Road, Suite	202	 &)
(Principal office address MUST BE A STREET A		Tallahassee, FL 32303		fact (act

Enter new mailing address, if applicable:		Post Office Box 12704	(1) (1) (2) (2)	
(Mailing address MAY BE A POST OFFICE BO	Tallahassee, FL 32317	影晶	<u>ं।</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		<u>e</u> :	ds, <u>enter the nam</u>	e of the nev
New Registered Office Address:	30 Thomasvil	le Road, Suite 202		
New Negistered Office Address.		Enter Florida street addr	ess	· · · · · · · · · · · · · · · · · · ·
<u>1</u>	Tallahassee		Florida 32303	
		Ciţy	Zip Coa	le

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.

Marion Que Brows T.

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>	<u>Address</u>	Type of Action
MGR	Jill A Brock	8225 Woodville HWY	□ Add
		Woodville, FL 32305	■ Remove
			☐ Change
			Add
			☐ Remove
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fan effective date is Note: If the date:	inserted in this bloo	date of filing: be specific and canno ck does not meet th partment of State's	ie applicable statu	filing or more than 9 story filing requires	0 days after filing.) ments, this date w	Pursuant to vill not be	605.0207 t listed as t
an effective date is Note: If the date locument's effect e	listed, the date must inserted in this bloc ive date on the Dep	be specific and canno ck does not meet th partment of State's effective date,	ne applicable statu records.	tory filing require	ments, this date w	vill not be	listed as t
fan effective date is Note: If the date locument's effect e record spec The 90th day	listed, the date must inserted in this blood ive date on the Deptition of the date of the date of the date of the date must be detected in the date of the	be specific and canno ck does not meet th partment of State's effective date, rd is filed.	e applicable statu records. but not an eff	itory filing required	ments, this date w	vill not be	listed as t
fan effective date is Note: If the date locument's effect e record spec The 90th day	listed, the date must inserted in this blood ive date on the Deptition of the date of the date of the date of the date must be detected in the date of the	be specific and canno ck does not meet th partment of State's effective date, rd is filed.	e applicable statu records. but not an eff	itory filing required	ments, this date w	vill not be	arlier of:
fan effective date is Note: If the date document's effect he record spec The 90th day	listed, the date must inserted in this blood ive date on the Deptition of the date of the date of the date of the date must be detected in the date of the	be specific and canno ck does not meet th partment of State's effective date,	e applicable statu records. but not an eff	itory filing required	ments, this date w	vill not be	listed as t

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Filing Fee: \$25.00