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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bus	siness Entity Name	e)
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COVER LETTER

Division of Co					
	Property Management, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Barry Bevis				
		Name of Person			
	Big Bend Property Manage	ement, LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	930 Thomasville Rd. #202				
		Address			
	Tallahassee, FL 32303				
		City/State and Zip Code	_	- <u>25</u> 2 - 7 - 三日	
	barrybevis@gmail.com	to be used for future annual report notifica	tion)	AL AL	Ti
For further information of	concerning this matter, please ca	•		24	ILED
Barry Bevis		850 491-3600 at (- 	
Name o	of Person		elephone Number	<u> </u>	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	ANG ADDRESS:	STREET/COURIER Registration Section	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 L		
(Name of the Limi	ited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>(s.</u>)
ne Articles of Organization for this Limited Lorida document number L16000123729	Liability Company were filed on June 30th, 2016	and assigned
is amendment is submitted to amend the fol		
If amending name, enter the new name of		
e new name must be distinguishable and contain the new principal offices address, if appli	words "Limited Liability Company," the designation "LLC cable:	or the abbreviation "L.L.C."
rincipal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE</u>	<i>EBQX)</i>	
If amending the registered agent and gistered agent and/or the new registered t	l/or registered office address on our record office address here:	
Name of New Registered Agent:	Barry Bevis	FILE
New Registered Office Address:	930 Thomasville Road Suite 202	
	Enter Florida street addre. Tallahassee	ss
	City FI	orida <u></u>

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>	Name	Address	Type of Action
MGR	Paul Elya	930 Thomasville Rd #202	
		Tallahassee, FL 32303	Remove
			Change
MGR	Marion J. Brock	81 Forbes Street	Add
		Saint Marks, FL 32355	
			☐ Change
MGR	William M Yaakob	4513 Timberloch Drive	Add
		Tallahassee, FL 32309	■ Remove
			☐ Change
			□ Add
			☐ Remove
			Cnange
			AUG 24
			Remove—
			Remove
			Change

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Filing Fee: \$25.00