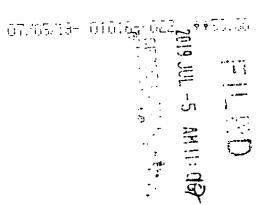
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COVER LETTER

Division of Cor			
SUBJECT:	SYOWN Jard Name of Kim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- Kelle Micha	Name of Person Ael D. Tidwell Firm/Company	P. A.
	Pensa Pensa	orth Spring S	Heet
	E-mail address: (City/State and Zip Code Ne OrOwn Canstructor of the used for future annual report of the control of the contro	tion, com outication)
For further information c	oncerning this matter, please ca	all:	
Lee Name o	Braun f Person	at (850) 47 Area Code Days	73-9039 ime Telephone Number
Enclosed is a check for the	ne 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)
MAILI	INC ADDDESS.	STD FFT/COM	DIED ADDRES.

MAILING 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWN YARD, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 7-25-2016 The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number _L16000139337 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Citv

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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DREW A. BROWN	10200 COVE AVENUE	□ Add
		PENSACOLA, FL 32534	■ Remove
			☐ Change
MGR	MARION GABE JACKSON	6455 BARRINEAU LANE	■ Add
		MOLINO, FL 32577	Remove
			Change
			Add
			☐ Remove
			Change
			D-Remove
			☐ Change
			□ Add
			□ Remove
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			Remove
			☐ Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing of Note: If the date inserted in this block does not meet the applicable statutory fi	r more than 90 days after filing.) Pursuant to 605.0207 (. ling requirements, this date will not be listed as th
document's effective date on the Department of State's records.	ang requirements, and date with hor or holes as a
f the record specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier of:
o) The 90th day after the record is filed.	·
Dated	
MAT 2	
Signature of a member or authorized representat	ve of a member
\sim \sim \sim	
Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

D. If afficulting any other militimation, enter change(s) here: [.mach dadinoms sheets, y necessary,)

Page 3 of 3

Filing Fee: \$25.00