116000147394

| (Requestor's Name) |
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| (Address) |
| (1881033) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TO:

| TO: Registration S Division of Co | | | |
|--------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| CHD IEZT. | YEAGC | PROPERTIES LLC | |
| SUBJECT: | Name of Lin | 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: | |
| | | MARLA COPELAND ESTY | |
| | | Name of Person | |
| | ABC, LLC C | BA EASY TAX AND ACCOUN | ITING LLC |
| | | Firm/Company | *** |
| | 18 | 467 NW US HWY 441, SUITE | 70 |
| | | Address | |
| | | HIGH SPRINGS, FL 32655 | |
| | | City/State and Zip Code | |
| | EA | SYTAX@WINDSTREAM.NET | |
| | E-mail address: (| to be used for future annual report no | otitication) |
| For further information of | concerning this matter, please c | all: | |
| MARLA CC | PELAND ESTY | 386 454-8959 | |
| Name o | of Person | | me Telephone Number |
| 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) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: Registration S | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

|)r | ALJAUG 11 | Pilleran |
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| | | 19.37 |

| Υ | EAGO | PROPERTIES | ı | LLC | |
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| (<u>Name of the Limited Lial</u> (A Flo | bility Compan rida Limited Li | <u>y as it now appears o</u> ability Company) | on our records.) | |
|--------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|--------------------------------------------|--|
| The Articles of Organization for this Limited Liability Florida document number 116000147394 | y Company v | vere filed on <u>08/08</u> | and assigned | |
| This amendment is submitted to amend the following | : | | | |
| A. If amending name, enter the new name of the li | imited liabil | ity company here | 3 | |
| The new name must be distinguishable and contain the words "I | imited Liabilit | y Company," the desi | gnation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 18467 NW US H | WY 441 | |
| (Principal office address MUST BE A STREET AD | (SUITE 7 | | SUITE 70 | |
| | | HIGH SPRINS, F | L 32643 | |
| Enter new mailing address, if applicable: | | PO BOX 2066 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | HIGH SPRINGS, | FL 32655 | |
| B. If amending the registered agent and/or registe agent and/or the new registered office address here | red office ad e: | ldress on our reco | ords, enter the name of the new register | |
| Name of New Registered Agent: MA | RLA COPEL | AND ESTY | | |
| New Registered Office Address: 184 | 167 NW US I | HWY 441, SUITE | 70 | |
| | | Enter Florida | i street address | |
| HIC | SH SPRINGS | 8 | Florida ³²⁶⁴³ | |
| _ | | 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

| 4-23 AUS 11 | P_{ij}^{ij} | <i>Ŀ:</i> | 2- |
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| <u>Title</u> | <u>Name</u> | Address | ** Fii 4: 27 | Type of Action |
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| Effective date | e, if other than the date of filing: |
| (II an effective da Note: If the di | te is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to 605,0207 (3 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| document's eff | fective date on the Department of State's records. |
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| ha record especifi | Too a delayed effective data but not an effective time at 12.01 and the office of the TL 00th to 0.1 |
| ord is filed. | ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
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| D. 1 -5 | 7.03.0 |
| Dated <u> </u> | -ly 31. ZOZO. |
| | |
| | Signature of a member or authorized representative of a number |
| | |
| | STEPHEN J YEAGO |
| | Typed or printed name of signee |

Carlo Barrier Commence

Filing Fee: \$25,00