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2016 AUG 22 PH 4: 39
SECRETARY OF STATE

K. SALY EXAMINER AUG 23

COVER LETTER

	istration Secision of Corp			
SUBJECT:		nd Properties, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	_	
		Leslie S. Litzenberg		
			Name of Person	
		Welenken CPAs		
			Firm/Company	·····
		730 W. Market Street, Sui	te 200	
			Address	
		Louisville, KY 40202		
			City/State and Zip Code	
		litzenberg@welenken.com	to be used for future annual report notif	iontion
For further in	formation co	ncerning this matter, please ca	·	icanony
Leslie S. Litz	enberg		502 585-3251	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 Fi	ling 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**

2016 AUG 22 PM 4: 39
TALLAHASSEE, FLORING

East Highland Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L16000150837	•		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited I	iability company here:	
East Highlands Properties, LLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	<u>SET ADDRESS</u>	,	
Entor now moiling address if annicebbs		N/A	
• • • • • • • • • • • • • • • • • • • •	E ROX)	N/A	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFIC)</u>	E <i>BOX</i>)	 -	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	d/or registered	office address on our record	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address h	office address on our record	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address h	office address on our record	s, enter the name of the n
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address h	office address on our record tere: Enter Florida street address	s, enter the name of the n
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address h	office address on our record tere: Enter Florida street address	s, enter the name of the n

erely 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 in from our records:	manage, <u>enter tl</u>	ne title, name, and address of eac	h person being added
MGR = M			2016 AUG 22 PM 4: 39	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORID.	Type of Action
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n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior ck does not meet the applica	to date of filing or more than suble statutory filing require	ments, this date will	not be listed as
cument's effective date on the De	partment of State's records.			
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The 90th day after the reco	ra is mea.			
August 19	2016			
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- Lucy M	Signature of a member or autho	rized representative of a men	iber	
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Leslie S. Litzenberg, CP	. 0			

Page 3 of 3

Filing Fee: \$25.00