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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: |
| Bryan MINIOTEMONE DA Charge Suffer to Charge Dockers 12 128 LIB |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Conquest Property Holdings, LLC Name of Limited Llability Company |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Bryan Duyer Name of Person |
| Conquest Property Holdings, LLC |
| 7675 Silverwood Ct, |
| Lakewood Ranch, FL 34262 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Bryan Duyer at 94 809-9100 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$25.00 Filing Fee & 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**

| CONQUEST PROPE (Name of the Limited Liab) | RTY | HOLDING it now appears on our ity Company) | | HED C | LABIL | ITY NV |
|--|---------------------------------------|---|------------------|---------------|----------------|-----------|
| (A Floric | da Limited Liabili | ity Company) | | | 2-1-(0 FX) | 127 |
| The Articles of Organization for this Limited Liability Florida document number <u>L</u> (@000\52.75 | | e filed on $\frac{6}{1}$ | 5/2014 | eand a | ssigned | |
| Florida document number L1000013213 | | | | | | |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the lin | nited liability | company here: | 1 | <u> </u> | | |
| CONQUEST PROPERTY HO | LDNG | 5, LIMITE | DLIHB | TUTY | COM | CHAS |
| The new name must be distinguishable and contain the words "Lin | mited Liability Co | ompany," the designatio | n "LLC" or the a | bbreviation " | L.L.C." | ! |
| Enter new principal offices address, if applicable: | | | | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | | | | |
| | | | | • | | |
| | - | | | | | |
| | | | | | | |
| Enter new mailing address, if applicable: | - | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | <u> </u> | -A: | |
| | | | | | 2 | |
| | | | | . > | 7 | : . f |
| B. If amending the registered agent and/or regi | istered office | address on our r | ecords, enter | the nam | of the n | ew. |
| registered agent and/or the new registered office add | <u>dress here</u> : | | - | 141/2 = = | ra grigas | |
| | | | | <u> </u> | | |
| Name of Name Paristant Assessed | | | | | b | |
| Name of New Registered Agent: | | | | | Ţ . | |
| New Registered Office Address: | | | | 1> | | |
| | | Enter Florida street | address | | | |
| | | | . Florida | | | |
| ************************************** | · · · · · · · · · · · · · · · · · · · | City | , FIOTIUA | Zip Cod | le . | |

New Registered Agent's Signature, if changing Registered Agent:

(AND DITTET

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 = M AMBR = A | anager uthorized Member | | |
|---|--|---------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| *************************************** | ************************************** | | Add |
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Filing Fee: \$25.00