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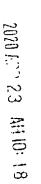
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danisa A Nisrahan)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

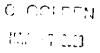
Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Co					
CHD IE		y Properties LLC, DBPA Enge	l & Völkers 30A Beaches			
SUBJEC	-1; <u> </u>	Name of Lin	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Elizabeth Roozen				
			Name of Person			
		Engel & Völkers 30A Bea	ches			
	Firm/Company 4923 E County HWY 30A Suite A					
		 	Address			
		Santa Rosa Beach FL 3243	59			
			City/State and Zip Code			
		Libby.roozen@EVUSA.com		- IX		
For furth	er information o	en-man address. (to be used for future annual report nalt:	ouncation)		
Elizabetl	h Roozen		414 559-6998			
	Name o	of Person	at () Area Code Day	time Telephone Number		
Enclosed	l is a check for the	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 Registration 5		Street Address: Registration S			
	Division of C	Corporations	Division of C	orporations		
	P.O. Box 632	27	The Centre of	f Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30A Luxury Properties LLC

20207 - 23 AHIO: 18

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/16/2016 ___ and assigned Florida document number L16000153334 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 "L.L.C." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

_. Florida ___

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>	<u>Name</u>	Address	Type of Action
AMBR	Jim Ryan	4923 E. County HWY 30A Suite A	□Add
		Santa Rosa Beach FL 32459	■Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Change

				
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ective date, if other than tl	ne date of filing:		(option	aN
reffective date is listed, the date m	just be specific and cannot be pri	ior to date of filing or n	nore than 90 days after fil	ing.) Pursuant to 605.020
te: If the date inserted in this cument's effective date on the	block does not meet the app Department of State's recore	licable statutory filin ds.	ig requirements, this d	ate will not be listed as
	,			
ecord specifies a delayed effect	ive date, but not an effective	time at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
s filed.			on the carrier or. (b)	The 30th day after the
4-20	2020	·		
ted				
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led Chy	u Run			
ed Cly	Signature of a member or au	thorized representative	of a member	