L16000166142

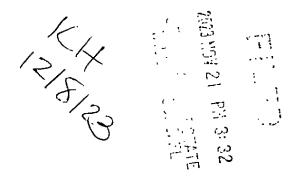
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COVER LETTER

TO: Registration Se Division of Cor					
ATLANTIC SUBJECT:	PARTNERS REALTY ST	AUGUSTINE LLC			
	Name of Lin	nited Liability Company.			
		•			
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	KATIE STEWART				
	ATLANTIC PARTNERS REALTY ST AUGUSTINE LLC				
		Firm/Company			
		Address			
	ST. AUGUSTINE, FL 32	2086			
	KATIESTEWART@KW.	to be used for future annual report notifica	ition)		
For further information ed	oncerning this matter, please c	all:			
KATIE STEWART		904 247-0059	2023		
Name of	Person		elephone Number		
Enclosed is a check for th	e following amount:		PA	· - j	
S25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy 1 (additional copy is enclosed)	* #4* ⁷	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIC PARTNERS REALTY ST AUGUSTINE LLC (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 9/6/2016 and assigned Florida document number L16000166142 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 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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	MARGARET SHERRILL	100 SOUTHPARK BLVD, SUITE 20	01 □Add
		ST. AUGUSTINE, FL 32086	■ Remove
			□Change
AMBR	STEVE TUFTS	100 SOUTHPARK BLVD, SUITE 20	01 □Add
		ST. AUGUSTINE, FL 32086	□Remove
		(CHANGE FROM MGR TO AMBR)	■Change
MGR	KATIE STEWART	100 SOUTHPARK BLVD, SUITE 20	01 • Add
	ST. AUGUST	ST. AUGUSTINE, FL 32086	□Remove
			□Change
			DAdd 17
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			□Remove
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e record specifies a delayed ef The 90th day after the record		an effective time, a	at 12:01 a.m. on t	the earlier o
NOVEMBER 9	. 2023			
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Filing Fee: \$25.00