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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		Property Ventures, LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Frances Casey Lowe		
			Name of Person	
		Frances Casey Lowe, P.A		
			Firm/Company	
		68-A Feli Way		
			Address	
		Crawfordville, Florida 323	327	
			City/State and Zip Code	
		francie@francielowe.com		
		E-mail address: (to be used for future annual report noti-	fication)
For furth	er information c	oncerning this matter, please c	all:	
Michelle	Maloni		850 926-8245 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 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

Hardwick Property Ventures, LLC					_
(Name of the Limited	<mark>I Liability Con</mark> A Florida Limite	npany as it now appears o ed Liability Company)	n_our records.)		
The Articles of Organization for this Limited Lial lorida document number L16000200716	ny were filed on $\frac{11/01}{}$	/2016	and	assigned	
his amendment is submitted to amend the follow	ving:				
If amending name, enter the new name of t	he limited li	ability company here	:		
N/A					
he new name must be distinguishable and contain the wor	rds "Limited Li	ability Company," the desi	gnation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		N/A			
Principal office address MUST BE A STREET	ADDRESS)			- <u> </u>	
Enter new mailing address, if applicable:		N/A		2 5	
Mailing address MAY BE A POST OFFICE B	OX)		**	DE A	Ш
			<u>.</u>	715	0
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B. If amending the registered agent and/or egistered agent and/or the new registered offi Name of New Registered Agent:			ur records, <u>ente</u>		ne of the
New Registered Office Address:		Enter Floride	a street address		
		Linei Florida	ા ગા ૯૯૧ લાલા ૯૭૩		
			, Florida _		,
		City		Zip Co	de

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Constance Hardwick	105 Zion Hill Road	Add
		Crawfordville, Florida 32327	■ Remove
			☐ Change
AMBR	John Matthew Hardwick	105 Zion Hill Road	Add
		Crawfordville, FL 32327	Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
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