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COVER LETTER

Division of Cor			
4th Down 1	Deals LLC .	•	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tyler Thompson		
	4th Down Deals LLC	Name of Person	
	8681 AC Skinner Pkwy	Firm/Company	
	Jacksonville, FL 32256	Address	
	4thdownhomebuyers@gma	City/State and Zip Code il.com	
	E-mail address: (to be used for future annual report notificati	on)
For further information c	concerning this matter, please co	all:	
Tyler Thompson		904 254-8889 at ()	
Name c	of Person	Area Code Daytime Tel	ephone Number
Enclosed 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)	S60.00 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**

4th Down Deals LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/04/2016	and assigned
Florida document number L16000219231		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
4th Down Home Buyers LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13810 Sutton Park Dr. N #214	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32224	
Enter new mailing address, if applicable:	13810 Sutton Park Dr. N #214	SSEPA
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32224	<u>G</u> . 6.
		10 N
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, en	10A
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer viorida sirvei adaress	
	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	лр Сме

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

.. amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			Remove
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		on, enter change(s) here: (Attach additional sheets, if necessary.)
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		February 11th, 2019
(If an ef Note:	fective date is listed, the date must be	ate of filing:
	cord specifies a delayed e e 90th day after the record	effective date, but not an effective time, at 12:01 a.m. on the earlier of: rd is filed.
Dated	February 11th	2019
	Typ Styp	ignature of a member or authorized representative of a member
		• • • • • • • • • • • • • • • • • • • •
	Tyler Thompson	

Page 3 of 3

Filing Fee: \$25.00