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	(Requestor's Na	me)
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	(City/State/Zip/P	hone #)
PICK-L	P WAIT	- MAIL
	(Business Entity	Name)
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Certified Copies	Certific	cates of Status
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enn ne	Pig Proper			
SUBJEC	,l:		ited Liability Company	
		Amendment and fee(s) are sub		
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Denay Brown		
			Name of Person	
		Messer Caparello, PA		
			Firm/Company	
		2618 Centennial Place		
			Address	
		Tallahassee, Florida 32312	2	
		ebywilkerson@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information o	concerning this matter, please ca	all:	
Denay I	Brown		850 425-5209 at ()	
	Name (of Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$25.	00 Filing Fee	S30,00 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:

TO:

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

(Name of the Limited Liability Company as it now appears on our records.)



PIG PROPERTIES, LLC

2019 STD -5 AH 8: 48

•	(A Florida Limited Liabil	ity Company)	, !
The Articles of Organization for this Limited I	Liability Company were	e filed on 12/21/2016	and assigned
Florida document number 1.16000229412	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
	_		
B. If amending the registered agent and registered agent and/or the new registered of		address on our record	is, enter the name of the r
Name of New Registered Agent:	Elizabeth B Wilkers	ion	
New Registered Office Address:	729 Solomon Dairy	Road	
		Enter Florida street addr	PSS
	Quincy	, F	lerida ³²³⁵²
		City	Zip Code

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 t 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
мемв	Edward C Vanl.andingham	729 Solomon Dairy Road	□ Add
		Quincy, Florida 32352	
			■ Remove
			Change
мемв	Marisa H. VanLandingham	729 Solomon Dairy Road	
		Quincy, Florida 32352	- Add
			□ Remove
			☐ Change
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ote: If the date inserted in this	the date of filing: must be specific and cannot be prior to block does not meet the applicate Department of State's records.	to date of filing or more than 90 date of filing or more than 90 date of filing requirements	(optional) Assignment (optional) Assignm
record specifies a delay The 90th day after the r	ved effective date, but not ecord is filed.	an effective time, at 12	2:01 a.m. on the earlier
July 25	2019	_ ·	
<i>\Sigma</i>	Signature of a member or autho	Whom	

Page 3 of 3

Filing Fee: \$25.00