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## **COVER LETTER**

SUBJECT:	SUTTER PRO	OPERTIES, LLC, NAME CH	ANGE TO: HOWARD T. SUTTER	P, LLC	
Name of Limited Liability Company					
The enclosed	l Articles of Ar	mendment and fee(s) are subm	itted for filing.		
Please return	all correspond	lence concerning this matter to	the following:		
		Howard T. Sutter			
			Name of Person	<del></del>	
		Howard T. Sutter, LLC			
			Firm/Company		
		1140 Fruit Cove Road			
			Address		
		St. Johns, FL 32259			
			City/State and Zip Code		
		hsutter@suttermaritime.com	<del></del>		
			be used for future annual report notifier	ntion)	
For further in	iformation con	cerning this matter, please call	l:		
Howard T. S	Sutter		at () 738 4902 Area Code Daytime T		
	Name of P	erson	at ()	elephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling 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** 

> 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

SUTTER PROPERTIES, LLC				
(Name of the Limited   (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liabi	ility Company were filed on December 27, 2016	ar	ıd assiş	gned
This amendment is submitted to amend the followi	ing:			
A. If amending name, enter the new name of th	e limited liability company here:			
HOWARD T. SUTTER, LLC				
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the ab	breviati	on "L.L	.C."
Enter new principal offices address, if applicabl	le:		<del></del>	
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	)X)			
		Ţ.		
B. If amending the registered agent and/or	registered office address on our records, enter	(He'n	17 JUE 0	f the nev
registered agent and/or the new registered office	e address here:	Jassa Jassa	-3	1 "
Name of New Registered Agent:			AH	: ī
New Registered Office Address:	Enter Florida street address	OR IS	_ <del>_</del>	
	viner viorida sirvei daaress	• •		
-	, Florida			
	City	Zin	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 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	
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Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior  Note: If the date inserted in this block does not meet the application. In the date on the Department of State's records.	to date of filing or more than a able statutory filing require	90 days after filing.) Pur:	suant to 605.0207 not be listed as
ne record specifies a delayed effective date, but no The 90th day after the record is filed.	t an effective time, a	t 12:01 a.m. on t	:he earlier of
Dated June 30 2017			
11 110 111	<del> </del>		
Signature of a member of autho	The state of the s	T	<del></del>

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Typed or printed name of signee

Filing Fee: \$25.00