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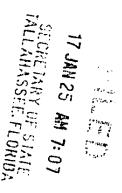
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COVER LETTER

	egistration Sec ivision of Corp							
SUBJECT	. EDW	ARD	M	SEGARS	CRE	LLC		
500000			Name of Lir	nited Liability Comp	oany			
				bmitted for filing.	·			
	,		=OWARD		5E6A1	رر د		
				Name of Pe	rson			
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For further	information co	ncerning th	is matter, please		• • • • • • • • • • • • • • • • • • •	·····		
E	WARD	M	SEGAR.	s at (90	y 80	639	56	
	Name of	Person		Area C	ode Dayı	time Telephon	e Number	
Enclosed i	s a check for th	e following	amount:					
\$25.00	Filing Fee		Filing Fee & ificate of Status	S55.00 Fil. Certified (additional)			60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ED WARD M	SEGARS	CRE	LLC		
(<u>Name of the Limited Liab</u> (A Flori	i <mark>lity Company as it now a</mark> da Limited Liability Comp	ppears on our recor	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed of $\frac{42}{5}$	on	· 2017	and assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability compa	ny here:		,	
EDWARD M	SEGARS	LLC			
The new name must be distinguishable and contain the words "L	mited Liability Company,	" the designation "LL	C" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADI	ORESS)				
				•	
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ss on our recore	ds, <u>enter tl</u>	ne name of the	<u>new</u>
N. C.Y. D. L. IA				AN INCA	
Name of New Registered Agent:		·		S S S S S S S S S S S S S S S S S S S	-197 54
New Registered Office Address:	Ent	er Florida street addre	220		<u></u>
	Line		lorida 😤	31 7: O	1 J
	City	, r	- Toriton	r-Zip Code	—
Now Designand Agent's Signature if shanging Designa	and Agents		<u>-</u>		

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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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an effectiv lote: If th	late, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	: to 605.02 be listed :
ocument'	s effective date on the Department of State's records.	
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the th day after the record is filed.	earlier
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	1-19,2017. Edward M. Se an	
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