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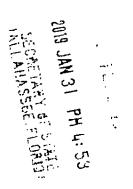
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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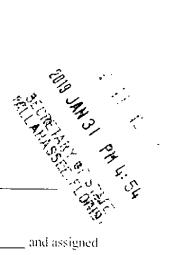
ГО: Registration Division of C	Section orporations	,	
NEPTUS SUBJECT:	SE PROPERTY COMPANY O	DE SOUTH FLORIDA, LLC	•
	Name of L	imited Liability Company	The state of the s
The enclosed Articles of	of Amendment and fee(s) are so	ibmitted for filing.	A CO
Please return all corresp	oondence concerning this matte	er to the following:	17.00 17.00 17.00
	Philippe A Neptune		
		Name of Person	
		Firm/Company	
	625 SW 1st Street		
	Hallandale Beach, Florida	Address a 33009	
	pneptune@live.com	City/State and Zip Code	
		(to be used for future annual report noti)	ication)
For further information of	oncerning this matter, please o	call:	
Philippe A Neptune		954 589-8920 at ()	
Name o	f Person		Telephone Number
inclosed is a check for the	ne following amount:		
\$25.00 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 Gadditional copy is enclosed)
Mahii	NG ADDRESS:	CTD CTT (CALIDA)	

MAHLING 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NEPTUNE PROPERTY COMPANY OF SOUTH FLORIDA, LLC

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

The Articles of Organization for this Limited Florida document number L17000025112 This amendment is submitted to amend the fo	·	were med out	and assigned
A. If amending name, enter the new name	of the limited liab	pility company here:	
NEPTUNE INVESTMENT PROPERTIES, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	hity Company," the designation "LLO	." or the abbreviation "L.L.C."
Enter new principal offices address, if appli		SAME	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	· · · ·	SAME	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered of office address her SAME	ffice address on our record <u>e</u> :	s, enter the name of the new
New Registered Office Address:	SAME		
		Enter Florida street addres	
		, Flo	orida
		City	orida Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the	rd agent and agre	ve to act in this capacity. I fu performance of my duties, a provided for in Chapter 605,	id Lam tomilion with and

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
			□ Add
			Remove
			☐ Change

		A	Remove
			Change
			□ Remove
			
		Remove	
			☐ Change
		□ Add	
		□ Remove	
			☐ Change
			□ Remove
			□ Change

	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NONE
•	
ivote:	tive date, if other than the date of filing: [Coptional] Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	January 25 . 2019.
	Signature of a member of authorized representative of a member
	PHILIPPE A. NEPTUNE Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00