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COVER LETTER

TO: Registration Se Division of Cor			, /	
SUBJECT:	AST STREE	t Roperts	Holding	5
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DORI	Collins		
	5) m	Name of Person P56W NGR	50R(
	POD	V Firm/Company	<i></i>	
	Montic.	e o Address	32345	
	DORI (O) S E-mail address; (City/State and Zip Code / MASON NURSE to be used for future annual report notifi	RIES. Com) -,
For further information c	oncerning this matter, please ca	all:		
Name o	Beshers	$\frac{1}{\text{Area Code}} \text{ at } (\underbrace{\$50}_{\text{Area Code}}) = \underbrace{350}_{\text{Daytime}}$	1930 Telephone Number))
Enclosed is a check for the		Area Code Dayune	receptone Number	5: F2
\$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 Statu Certified Copy (additional copy is encle	

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

The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on $\frac{MAR}{O2/O7/2017}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	MONTICELLOFI 32344
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
_	<u></u>
B. If amending the registered agent and/or registered offic	e address on our records, enter the name of the new
registered agent and/or the new registered office address here:	그런 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Name of New Registered Agent:	H. Beshears = ===
New Registered Office Address: 52	NACOOSARd 3 5
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address Cel C . Florida . S 23 4 4 City . Zip Code

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 Type of Action <u>Title</u> Name Monticello 7/2 Bemon ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \square Add ☐ Remove ☐ Change □ Add □ Remove

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Filing Fee: \$25.00