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| CUDIE | TALON P | ROPERTY MANAGMENT LI | LC | |
| SUBJEC | -Ii <u> </u> | Name of Lim | nited Liability Company | · · · · · · · · · · · · · · · · · · · |
| | | | _ | |
| | | KENNETH M SAXON C | PA | |
| | | | Name of Person | |
| | Division of Corporations TALON PROPERTY MANAGMENT LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: KENNETH M SAXON CPA Name of Person SAXON ACCOUNTING & CONSULTING Firm/Company 2344 HANSEN LANE UNIT 1 Address TALLAHASSEE FL 32301 City/State and Zip Code SAXONCPA@SAXONCPA.COM E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: KENNTH SAXON Name of Person Name of Person Name of Person Saxon CPA @SaxonCPA @SaxonCP | | | |
| | | | Firm/Company | |
| | | 2344 HANSEN LANE UN | mitted Liability Company mitted Liability Company mitted for filing. to the following: PA Name of Person & CONSULTING Firm/Company NIT 1 Address OI City/State and Zip Code PA.COM (to be used for future annual report notification) afil: at (| |
| | | · · · · · · · · · · · · · · · · · · · | Address | |
| KENNETH M SAXON CPA Name of Person SAXON ACCOUNTING & CONSULTING Firm/Company 2344 HANSEN LANE UNIT 1 Address TALLAHASSEE FL 32301 City/State and Zip Code SAXONCPA@SAXONCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KENNTH SAXON 850 942-6151 | | | | |
| | | CANONICRA OCA VONCE | Name of Limited Liability Company and fee(s) are submitted for filling. Ining this matter to the following: H M SAXON CPA Name of Person ACCOUNTING & CONSULTING Firm/Company ISEN LANE UNIT 1 Address ASSEE FL 32301 City/State and Zip Code A@SAXONCPA.COM E-mail address: (to be used for future annual report notification) matter, please call: 1 850 942-6151 Area Code Daytime Telephone Number Nount: Itling Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy Certified Copy | |
| | | - | | cation) |
| For furth | er information of | concerning this matter, please ea | all: | |
| KENNT | H SAXON | | | |
| | Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed | l is a check for t | he following amount: | | |
| \$25.0 | 00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
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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

2017 MAR 21 AM 7:28

PALLAHASSEE, FLORING

TALON PROPERTY MANAGMENT 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 Liability | Company were filed on | March 08, 2017 | and assigned |
|--------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|---------------------|
| Florida document number L17000054163 | . | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company | here: | |
| TALON PROPERTY MANAGEMENT LLC | | | |
| The new name must be distinguishable and contain the words "Lie | mited Liability Company," th | e designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | (RESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | on our records, <u>enter</u> | the name of the ne |
| registered agent and/or the new registered office aut | uress nere: | | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent. | | | |
| New Registered Office Address: | Fort of | lorida street address | |
| | r.nier r | | |
| <u> </u> | Q. | Florida | 7: 6 1 |
| | City | | Zıp Code |
| New Registered Agent's Signature, if changing Registere | ed Agent: | | |
| I hereby accept the appointment as registered agent | | | |
| provisions of all statutes relative to the proper and o | | | |

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 FILED or removed from our records: 2017 MAR 21 AM 7: 28 MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** _ Add _□ Remove _□ Change _□ Remove _□ Change □ Add □ Remove _□ Change _D Add □ Remove ☐ Change □ Remove ☐ Change □ Add □ Remove ☐ Change

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| effective date e: If the dat | if other than the date is listed, the date must be spee inserted in this block de ective date on the Departn | of filing: becific and cannot be bes not meet the a | oplicable statu | tory filing req | an 90 days afl uirements, tl | | |
| | ecifies a delayed effe ay after the record is | | t not an effe | ective time | , at 12:01 | a.m. on the | earlier |
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| | | Kanneth , | M Salas | . CPA | | | |

Page 3 of 3

Filing Fee: \$25.00