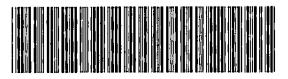
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Office Use Only

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations				
SMALL C	HANGE PROPERTY MANAC	FEMENT, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CRISTINA GARCIA				
		Name of Person			
	Firm/Company				
4010 WEST NEWBERRY RD SUITE B					
	Address				
	GAINESVILLE, FL 32607				
	City/State and Zip Code				46
	ATLANTICROOFINGFL@			_	G)
	E-mail address: (1	to be used for future annual report notifi	cation)	- <b>4.</b>	٠
For further information of	concerning this matter, please ea	ill:		· ·	• ;
CRISTINA GARCIA		352 745-9900 at ()		 	
Name o	of Person	Area Code Daytime	Telephone Number	II: 21	כ
Enclosed is a check for the	he following amount:				
<b>■</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contadditional contadditional	of Status & opy	
Mailing Addres Registration S		Street Address: Registration Sect	ion		
Division of C	Corporations	Division of Corp	orations		
P.O. Box 632	:7	The Centre of Ta	llahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMALL CHANGE PROPERTY MANAGEMENT, LLC

(Name of the Lin	nited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited		and assigned
Florida document number L17000067385	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	
		·
	<del></del>	
3. If amending the registered agent and/or	registered office address on our records,	enter the name of the new regis
gent and/or the new registered office addr	ess here:	
Name of New Registered Agent:	CRISTINA GARCIA	
	CRISTINA GARCIA 4010 WEST NEWBERRY RD SUITE B	<b>(D</b>
Name of New Registered Agent:  New Registered Office Address:		
	4010 WEST NEWBERRY RD SUITE B	

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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(II an effective of	iate is fisted, the date	e must be specific and	a cannot be prior to a	ate of filing or more that statutory filing requ	n 90 days after filin irements, this dat	g.) Pursuant to 60 e will not be lis	5.020 <u>7</u> (3 ited as th
document's e	ffective date on th	he Department of S	State's records.				•
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he record speci ord is filed,	ities a delayed effe	ective date, but not	an effective time,	at 12:01 a.m. on the	earlier of: (b) T	he 90th day aft	er-the
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Dated	AUGUST	9th	. 2021 .	(Ma			
_	<del> </del>	Signature of a	member or authorize	d replese of a m	ember		
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