## L17000068514





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## **COVER LETTER**

|               | legistration<br>livision of ( | Section<br>Corporations                      |   | •  |
|---------------|-------------------------------|--|---|--|
| Crim mon      | 1279 CC                       | OUNTY ROAD 210, LLC                          |   |  |
| SUBJECT       | ·                             | Name of L                                    | imited Liability Company  |  |
|               |                               |  |   |  |
| The enclos    | ed Articles                   | of Amendment and fee(s) are sa               | ibmitted for filing.  |  |
| Please retu   | m all corres                  | pondence concerning this matte               | er to the following:  |  |
|               |                               | John Papageorge                              |   |  |
|               |                               |  | Name of Person  |  |
|               |                               | <del></del>                                  | Firm/Company  |  |
|               |                               | 1044 Strike the Gold Lan                     | <b>e</b>  |  |
|               |                               |  | Address   | <del></del>  |
|               |                               | Waxhaw, North Carolina                       | 28173   |  |
|               |                               | john j <del>eproperties@gmail.c</del>        | City/State and Zip Code   |  |
|               |                               | E-mail address:                              | (to be used for future annual report not                            | fication)  |
| For further i | nformation                    | concerning this matter, please o             | eall:   |  |
| John Papago   | corge                         |  | 904 545-1146<br>at ()   |  |
|               | Name                          | of Person                                    | Area Code Daytim  | s Telephone Number   |
| inclosed is   | check for                     | the following amount:                        |   |  |
| 智 \$25.00 I   | filing Fæ                     | ☐ \$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 (additional copy is enclosed) |
|               | _                             |  |   |  |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1279 COUNTY ROAD 210, LLC  |  |                           |
|--|--|---------------------------|
| (Name of the Limited Liability<br>(A Florida   | ty Company as it now appears on our records.) Limited Liability Company) |                           |
| The Articles of Organization for this Limited Liability Co   | ompany were filed on 03/27/2017  | and assigned              |
| Florida document number L17000068514   |  | _                         |
| This amendment is submitted to amend the following:  |  |                           |
| A. If amending name, enter the new name of the limit   | ted liability company here:  |                           |
| The new name must be distinguishable and contain the words 'Limit  | ted 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 ADDRI  | <u>ESS)</u>  |                           |
|  |  |                           |
| Enter new mailing address, if applicable:  |  |                           |
| Mailing address MAY BE A POST OFFICE BOX)  |  |                           |
|  |  |                           |
| Married Marrie |  |                           |
| 3. If amending the registered agent and/or registered gent and/or the new registered office address here:  | office address on our records, enter the                                 | name of the new regist    |
|  |  |                           |
| Name of New Registered Agent:  |  |                           |
| New Registered Office Address:   |  |                           |
|  | Enter Plorida street address   | <del></del>               |
|  | Florid   | " <del></del>             |
|  | City   | Zip Code                  |

## 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

| Title         | Name               | Address                             | Type of Action |
|---------------|--------------------|-------------------------------------|----------------|
| MGR           | John Papageorge    | 101 East Matthews Street, Suite 500 |                |
|               |                    | Matthews, NC 28105                  | Remove         |
|               |                    | <del></del>                         | □ Change       |
| MGR           | John S. Papageorge | 101 East Matthews Street, Suite 500 | <b>≅</b> Add   |
|               |                    | Manhews, NC 28105                   | □Remove        |
|               |                    | <del></del>                         | Change         |
| <del></del>   |                    |                                     |                |
|               |                    |                                     | □Remove        |
|               |                    |                                     | 🗆 Change       |
| <del></del>   |                    |                                     | □Add           |
|               |                    |                                     | □Remove        |
|               |                    |                                     | Change         |
|               |                    |                                     |                |
|               |                    |                                     | □ Remove       |
|               |                    |                                     | Change         |
| <del></del> - |                    |                                     | □Add           |
|               |                    |                                     | ☐ Remove       |
|               |                    |                                     | Change         |

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| <u>iote:</u> II      | tive date, if other than the date of filing:  (optional)  (ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records. |
| record s<br>is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| ated                 | 11/3 , 2022  |
|                      | Signature of a member or authorized representative of a member   |
|                      |  |