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COVER LETTER

	gistration Sec ision of Corp			0	
SUBJECT:		D 9 C) Bou	Jen Property, L	LC
		•	Name 'of Lin	nited Liability Company	
			j		
The enclosed	l Articles of A	Amendment and	fee(s) a re sul	bmitted for filing.	
Please return	all correspor	idence concernir	ng this ma tter	r to the following:	
			Cheri	H A BOWEN	
			DEC	BOWLA Property	4,11C
			256	Adams Stree	<u>+</u>
			Oak	Address 32	759
				City/State and Zip Code	<u>10.</u>
			٨٨	to be used for future annual report note	amel com
		E	-mail address:	(to be used for future annual report not	(Ication)
For further i	nformation co	neerning this ma	l I		
<u> ۱</u>	haidel	Boule		at (<u>386</u>) <u>299</u> Area Code Daytim	.au25
	Name of	Person	/ <u> </u>	Area Code Daytin	ne Telephone Number
	O		ļ		
Enclosed is	a check for the	e following amo	ount:		
ઇ \$25.00 i	Filing Fee	□ \$30.00 Fili Certificat	ng Fee &	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS nion Section 1 of Corporation x 6327 ssee, FL 32314	ļ	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE C BOW	en Property, LLC
(Name of the Limited Lin	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liab ility Florida document number <u>LITOOOR</u> 8 3	y Company were filed on $4-20-2017$ and assigned 320.
This amendment is submitted to amend the following	:
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:
-	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address:	
	itted to amend the following: center the new name of the limited liability company here: constant the winds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" process, if applicable: it is address, if applicable: it is address address address on our records, enter the name of the new the new registered office address on our records, enter the name of the new the new registered office address here: it is address: Enter Florida street address Florida City Tip Code Signature, if changing Registered Agent: cointment as registered agent and agree to act in this capacity. I further agree to comply with the sorelative to the proper and complete performance of my duties, and I am familiar with and of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is flect a change in the registered office address. I hereby confirm that the limited liability
<u> </u>	
	•
New Registered Agent's Signature, if changing Register	ered Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	d complete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address of each	person being added
MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Toni M. Wells	6062 Central Park BlVd	
		6062 Central Park Blvd Port Orange, FL 32127	Remove
			□ Change
			
	!		Remove
			Change
			O Add
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(If an effective date is listed, the date must be specific <mark>and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated</mark>	-				-	37	
(If an effective date is listed, the date must be specific <mark>and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated</mark>	-		<u></u>				
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated	Effective dat	e, if other than the c	date of filing:	11/18/17	(optiona	ıl)	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated	Note: If the d	late inserted in this bloc	ck does not meet the ap	plicable statutory fili	more than 90 days after fili ng requirements, this da	ng.) Pursuant to 605.02 te will not be listed	207 (3) as the
Dated	document's et	fective date on the Dep	partment of State's rec	oras.			
Dated 11/18/17 Charyl O. Bourn Signature of a member or authorized representative of a member Charyl A. Boll In 14	the record sp	pecifies a delayed	 effectiv e date, but ord us fil ed	t not an effective	time, at 12:01 a.m	n, on the earlier	of:
Signature of a member or authorized representative of a member Chavita A BOLLAN							
Chevil Al Boulon	Dated	11/18/17		·			
Chevil Al Boulon		Cherry	e al Bow	en			
Typed or printed name of signee		۵۱	Signature of a member or	authorized representativ	e of a member		
	_	Cheri	UL A BOL	printed name of signee		·	
				· •			
Page 3 of 3				Page 3 of 3			