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J. HARRIS

COVER LETTER

Divisi	on of Corpo	rations		
SUBJECT:	CNR PROPE	ERTIES LLC		
		Name of Limit	ed Liability Company	
The enclosed A	articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return al	l correspond	ence concerning this matter to	o the following:	
		RONALD ROBERTS		
			Name of Person	
		CNR PROPERTIES LLC		
Firm/Company				
		3055 LOWELL AVENUE		
			Address	
		JACKSONVILLE, FL 3225	54	
			City/State and Zip Code	
TNTRLTI@BELLSOUTH.NET				
		E-mail address: (10	be used for future annual repor	i notification)
For further info	rmation con	cerning this matter, please cal	II:	
RONALD RO	BERTS		904 802-408 at ()	34
	Name of P	erson	at () Area Code Da	nytime Telephone Number
Enclosed is a c	heck for the	following amount:		
≘ \$25.00 Fili	ng Fee	□ \$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

TO:

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**

UR P	operties LLC		uncould)
(Name of the Limi	ted Liability Company as it (A Florida Limited Liability	Company)	recorus.)
ne Articles of Organization for this Limited L	iability Company were f	iled on May	08, 2017 and assigned
orida document number <u>L170001020</u>		,	
is amendment is submitted to amend the following	owing:		
If amending name, enter the new name of	of the limited liability co	mpany here:	
NR PROPERTIES LLC			
e new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation	n "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:	N/A	<u> </u>
rincipal office address MUST BE A STREI	ET ADDRESS)		
			SEE SEE
iter new mailing address, if applicable:			E € M
lailing address MAY BE A POST OFFICE	BOX)		9 9 9
			>
If amending the registered agent and gistered agent and/or the new registered of New Registered Agent:		ddress on our r	ecords, <u>enter the name of the</u>
	3055 LOWELL AVEN	.11 112	
New Registered Office Address:	3033 LOWELL AVEN	Enter Florida street	t address
	JACKSONVILLE		
	Cit		, Florida 32254 Zip Code
ny Dogistarod Agant's Signatura if shanging		2	

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.

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:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
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ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be pri k does not meet the app	ior to date of filing or mo licable statutory filing	(option re than 90 days after fi requirements, this o	ling.) Pursuant to 605.020'
e record specifies a delayed e The 90th day after the recor		not an effective ti	me, at 12:01 a.	m. on the earlier o
JUNE 12	2017			
0-11.1	gnature of a member or au	·		 1
Si	gnature of a member or au	thorized representative of	of a member	SEC.
RONALD ROBERTS				
	Typed or pri	inted name of signee		ARY OF
	Pa	ge 3 of 3		LOST ST

Filing Fee: \$25.00