

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

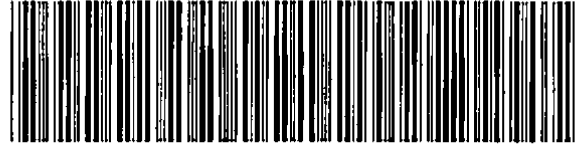
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATIONER OF STATE
TALLAHASSEE, FLORIDA

SEP 1 1949
T SCHWEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LD PROPERTIES & INVESTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAMIEGNA ATTAWAY
Name of Person

LD PROPERTIES & INVESTMENT LLC
Firm/Company

2621 SAN DIEGO RD
Address

JACKSONVILLE FL 32207
City/State and Zip Code

HOPEPROPERTIES@YATCO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMIEGNA ATTAWAY at (470) 717 1875
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

4P PROPERTIES & INVESTMENT 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 5-31-17 and assigned
Florida document number L17000119829

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF COURT
JACKSONVILLE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAMIELA ATHAWAY

New Registered Office Address:

2621 SAN DIEGO RD

Enter Florida street address

JACKSONVILLE

City

Florida 32207

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-----------------------|--|
| MGR | DANIELA ATTAWAY | 2621 SAN DIEGO RD | <input checked="" type="checkbox"/> Add |
| | | JACKSONVILLE FL 32207 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | DANIELA ATTAWAY | 2621 SAN DIEGO RD | <input checked="" type="checkbox"/> Add |
| | | JACKSONVILLE FL 32207 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | DAMIEN ATTAWAY | 2621 SAN DIEGO RD | <input type="checkbox"/> Add |
| | | JACKSONVILLE FL 32207 | <input checked="" type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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STATE OF FLA
TALLAHASSEE FL 32301

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(l)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 30, 2019.

Danien Attaway

Signature of a member or authorized representative of a member

DANIEN ATTAWAY

Typed or printed name of signee