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(Re	equestor's Name)	<u>.</u>		
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S. WARREN AUG 1 7 2017

COVER LETTER

Division of Corpo	rations		
SUBJECT:	at Propertie	es LLC	
, -	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Rodnei	AGass Sr	-
		Name of Person	
		Firm/Company	
	le721 CR	348	
		Address	- · · · · · · · · · · · · · · · · · · ·
	Obrien	72 32071	
	rad cat 20	City/State and Zip Code WIND STREAM Oberused for future annual report notificati	. N-Pt
For further information con	cerning this matter, please cal	11:	
Λ Λ Λ	- 1	20 102 1	7-1
KNANIN LAM	155	at (380) (04 /-13	35(0
Name of P	erson		ephone Number
		,	
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			••

MAILING ADDRESS: STREET/COURIER ADDRESS:

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

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF RODCAT PROPERTIES LLC

(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	t now appears on our re- y Company)	cords.)	
The Articles of Organization for this Limited I Florida document number	• •	filed on 7/20/	/17 :	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability c	ompany here:		
The new name must be distinguishable and contain the	words "Limited Liability Cor	mpany," the designation "l	LLC" or the abbrevia	tion L.L.C."
Enter new principal offices address, if appli	cable:			AUG
(Principal office address MUST BE A STREE	ET ADDRESS)		(,)	5 =
			177.	P ()
F 4 12 12 14 14 14			1081	. i2: F
Enter new mailing address, if applicable:		-	<u> </u>	<u></u>
(Mailing address MAY BE A POST OFFICE	_ <u>BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered o	//or registered office a	ddress on our reco	ords, enter the n	name of the new
Name of New Registered Agent:	Rodrug	AGlass	s Sr	
New Registered Office Address:	6721 CF	2 248 September 18	druss	
	6'bne	<u> </u>	Florida	0071 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 = Aut	thorized Member		
<u>Title</u> MGR_	Rodny A Glass	Address Sr U721 CR 248 Obnen I 32071	Type of Action Add Remove
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D. If amending any other information, enter cl	hange(s) here: (Attaci	h additional sheets, if ne	cessary.)
			
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	<u>. </u>		
			
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and or Note: If the date inserted in this block does not me document's effective date on the Department of Stather the record specifies a delayed effective date). The 90th day after the record is filed.	cannot be prior to date of fil eet the applicable statuto ate's records.	ry filing requirements, thi	r tiling.) Pursuant to 605.0207 (3 s date will not be listed as th
Dated august 14	2017		
1 att A	ember or authorized represe	entative of a member	17 AUG
	yped or printed name of si	gnee	FILED 6 16 PH 12: 46
	Page 3 of 3		ORIDA 1. 16

Filing Fee: \$25.00