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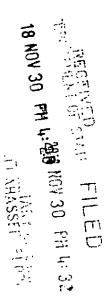
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:
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S. PRATHER

COVER LETTER

ΓΟ: Registration Se Division of Cor			
	nvestment Properties LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Harvey		
	Wakulla Investement Prope	Name of Person	ode
	Name of Person Wakulla Investement Properties LLC Firm/Company 2931 Crawfordville Hwy. Address Crawfordville, FL 32327		
	Crawfordville, FL 32327		
	david@davidfharvey.com	City/State and Zip Code	
~		to be used for future annual report notifi	ication)
Por further information of David Harvey	concerning this matter, please ea	850 570-7424	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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:

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

Wakulla Investment Properties LLC		
(Name of the Limited Liah	ility Company as it now appears on ou da Limited Liability Company)	r records.)
(A Flori	da Limited Ciability Company)	r records.)
The Articles of Organization for this Limited Liability	Compuny wars filed on	25 W =
·		111
Florida document number	 ·	를 받으면
This amendment is submitted to amend the following:		-C # 50
A. If amending name, enter the new name of the lin	mited liability company here:	- · · · · · ·
The new name must be distinguishable and contain the words "L	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		Florida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Marie Lentz		Add
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Page 3 of 3

Filing Fee: \$25.00