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M. MILLIGAN
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COVER LETTER

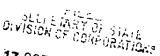
TO:		stration Sect sion of Corpo				•
erin ir	mm.	Authentic Ne	ighborhoods, LLC			
SUBJEC	CI;		Name of Lim	ited Liability Company		
The encl	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspond	dence concerning this matter	to the following:		
			Jeremy Ogle			
				Name of Person		
	Authentic Neighborhoods, LLC					
				Firm/Company		_
			344 21st Ave NE			
		Address				
			St Petersburg, FL 33704			
				City/State and Zip Code		•
			jeremy-ogle@outlook.com	to be used for future annual	report notification)	
For furth	ner in	formation con	cerning this matter, please ca		is post to the second of the s	
Jeremy (Ogle				06703 Daytime Telephone Number	
		Name of F	erson	Area Code	Daytime Telephone Number	
Enclosed	d is a	check for the	following amount:			
\$25.	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifica losed) Certified	te of Status &

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



17 OCT 10 AH 9: 01 Authentic Neighborhoods, 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 08/22/2017 and assigned Florida document number L17000179705 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida <u>___</u>

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>	Address	Type of Action
AMBR	Jeremy L Ogle	344 21st Ave NE	Add
		St Petersburg, FL 33704	☐ Remove
			□ Change
			☐ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

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ffective date, if other than the o	10/05/2017	
iote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days ck does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as t
a record enacifies a delayed.	effective date, but not an effective time, at 12: and is filed.	01 a.m. on the earlier of:
The 90th day after the reco	2017	
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