## 117000198934

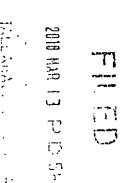
(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
, ,	,	•
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to i	Filing Officer:	
'	J	
222,		

Office Use Only



700310314317

03/13/18--01014--028 \*\*25.00



D SCOTT

TO: Registration Sec Division of Corp			
subject: <u>Psal</u>	n 39:7 Proper	Hes LCC ited Liability Company	
	Amendment and fee(s) are sub-	_	
Please return all correspon	ndence concerning this matter	to the following:	
•	Leonard E	Walters Jr Name of Person	
	Psclm 39: 7	Properties LLC Firm/Company	
	P.O. Bos	35206 Address	<del></del>
			- <u> </u>
	Genced de d	City/State and Zip Code  (ECN Q quail.com  to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca		المنا أ
		at (_850_) <i>57</i> -	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the	ne 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 ORGANIZATION OF

PSALM 39:7 PROPE (Name of the Limited Liability Co (A Florida Limi	empany as it now appears on our records.)
(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on <u>Sept 26, 2017</u> and assigned
Florida document number <u>L 17000198934</u>	
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 I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5753 Hishway 85 N
(Principal office address MUST BE A STREET ADDRESS	5) UN:+ 1710
;	Presturew, FC 32536
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 35206 =
	PANAMA City FC. 32912
R. If amonding the registered agent and/or registered	d office uddress on our manuals entire the many of the same
registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent: BONN	EY + ASSOCIATES, PA
	Magnolia Ave Enter Florida street address
Panan	City, Florida 3240 / Zip Code
New Registered Agent's Signature, if changing Registered Ag	
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I bereby confirm that the limited liability

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
7			□ Remove
			Change
			☐ Remove
		<del></del>	☐ Change
			Add
	•		☐ Remove
			□ Change
			Change
			LIREMOVE
			F5 Change
<del></del>		<del></del>	
		•	Remove
<del></del>			Add
			☐ Remove
			<b>5</b> .0

	March: 9, 2018.		
f the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. a 90th day after the record is filed.	on the e	arlier of:
Note: docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records.	will not be	e listed as the
. Effec	tive date, if other than the date of filing: (optional)  fective 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 (3Vh)
		U	
			<u> </u>
		<del>- 15</del> ·	<del>=</del>
	1	318	Tits
		<u>دم</u>	
			<del></del>
		<u>-</u>	
,	<del></del>	··	<del></del>
		·	<del></del> _
,			
			<del></del>
•			<u>-</u>
		<u> </u>	
•			
			<del></del>
•			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00