Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425-0077

Fax Number

: (845)818-3588

\*\*Enter the email address for this business entity to be used for fullure annual report mailings. Enter only one email address please. \*\* 📲 🦥

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DELAND PROPERTY MANAGEMENT 1 LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DeLand Property Management 1 LLC	•		
(Name of the Limited Liability Co (A Plovida I, m)		ers on our records.	
The Articles of Organization for this Limited Liability Comp	eany were filed on $\underline{\underline{}}$	0/09/2017	and essigned
Florida document number L17000208117			
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	iability Company," the	designation "LLC"	w the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	····	<u> </u>
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	15.46.5		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
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B. If amending the registered agent and/or registered		t our records,	enter the name of the ne
registered agent and/or the new registered office address	<u>nere</u> :		
A			
Name of New Registered Agent:			
New Registered Office Address:	Email 69	orida street address	
	Duten Le	STREET WITHER COURT PAR	
	City	, Flor	da
Now Designated Assembly Companyon (Calculated Assembly Designation of Designation of Assembly Designation of Desig			2.0 44.0
New Resistered Avent's Signature, if changing Registered Av			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp			

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 haveby 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>	Address	Type of Action
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