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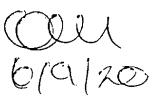
(Requestor's Name)		
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COVER LETTER

TO: Registration S Division of Co			
	perties, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following.	
	Sandra Gerrish		
		Name of Person	
	c/o Century Management	Consultants, Inc	
		Firm/Company	
	2950 Jog Road		
		Address	
	Greenacies, FL 33467		
	sandy@cmcmanagement.bi	City/State and Zip Code z	
	E-mail address: (to be used for future annual report not	fication)
For further information c	concerning this matter, please c	all:	
Sandra Gerrish		561 641-1016 at ()	
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
X \$25,00 Filing Fee	S30.00 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 Registration	Section	Street Address: Registration Se	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 HAY 20 PM 1: 10

EASS Properties, LLC

(Name of the Limited Liability Company as it now appears on our records LAHASSEE, FUELT (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L17000230534</u>	were filed on 11/07/2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the abbre	viation "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 agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature if changing Degistered Agent-		

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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Herland E. Romero	c/o Century Managment Consultants, Inc.	X Add
		2950 Jog Road	
		Greenacres, FL 33467	
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
		Change	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change

D. If amending any other information, enter change(s) her	e: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:	(optional)
(If an effective 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 (3)(table statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective til record is filed.	me, at 12:01 a m. on the earlier of: (b) The 90th day after the
Dated 05 15 2020	
AMBR - Sandra Gerrish	rized representative of a member

Typed or printed name of signee