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SECRETARY OF STATE TALLAHASSEE.FLORIDA

COVER LETTER

TO: Registration Division of C							
	M'S PROPERTY LLC						
Name of Limited Liability Company							
	of Amendment and fee(s) are subspondence concerning this matter	-					
	MARGARET HENSING	ER .					
	-	Name of Person					
	PILGRIM'S PROPERTY	LLC					
		Firm/Company					
	5556 S. ROUND LAKE ROAD						
		Address					
	APOPKA, FL 32712						
		City/State and Zip Code					
	HENSINGER@AOL.COM						
For further information	n-mail address: (n concerning this matter, please c	to be used for future annual report notifiall:	ication)				
MARGARET HENSI	NGER	352 267-5028					
Name	e of Person	at () Area Code Daytime	· Telephone Number				
Enclosed is a check for	the 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:

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

PILGRIM'S PROPERTY 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 $\frac{11/22/2017}{1}$ and assigned Florida document number $\underline{L17000241120}$ 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 "LLC. 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 Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida _

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
MGR	CANNON M. PIXLEY	1480 HAMMOCK RIDGE ROAD.	
		CLERMONT, FL 34711	Remove
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n effective date is listed, the date must ote: If the date inserted in this blo	se specific and cannot be prior to date of filing or n ik does not meet the applicable statutory filir	nore than 90 days after filing.) Pursuant to 605.0207 ng requirements, this date will not be listed as
cument's effective date on the De		.5 - 4
record specifies a delayed The 90th day after the reco		time, at 12:01 a.m. on the earlier of
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ted	2018	
Marian	E. Den 5. Agent ignature of a member or authorized representative	
augase	L.8#113. nagri	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00