L17000263776

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COVER LETTER

Division of Cor	porations		
SUBJECT:	Well Kept Name of Limi	Proporfies,	110
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dan	Name of Person	
	620 92	Firm/Company Ave. V, Address	
	Naples dan E-mail address: (1	Address Address City/State and Zip Code She I de to be used for future annual report p	4/08
For further information c	oncerning this matter, please ca		······
Danie o	al Sheffey f Person	at (717) 8/ Area Code Day	time Telephone Number
Enclosed is a check for th	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

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

Well Kept Pro	perties LLC
(Name of the Limited Liability Company) (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 12/32/17 and assigned
Florida document number <u>17900263776</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile Varrous Asset Ma The new name must be distinguishable and contain the words "Limited Liability"	nagement LLC
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)	_
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	- P -
Enter new mailing address, if applicable:	- m
(Mailing address MAY BE A POST OFFICE BOX)	7 3 9
	<u> </u>
	7
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	

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 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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			□ Remove
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			☐ Remove
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effective date is listed	d, the date must be	specific and	cannot be nri	ior to date o	f filing or mo	re than OA do	(optional) ws after filing	1 D	nt to 605.0
: If the date inser ment's effective d	ted in this block	r goes not m	eet the app	licable sta	tutory filing	requiremen	nts, this date	will no	t be listed
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Filing Fee: \$25.00