(Requestor's Name)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer
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COVER LETTER

Div	ision of Corpo	orations				
SUBJECT:	331/1-10 PROPERTIES, LLC					
<i>50 501,</i> C1.			ed Liability Company			
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.			
Please return	all correspond	lence concerning this matter to	o the following:			
		ANN BLACK				
			Name of Person			
	SMITH THOMPSON SHAW MINACCI COLON & POWER, P.A.					
			Firm/Company			
		3520 THOMASVILLE ROA	AD, 4TH FLOOR			
			Address			
		TALLAHASSEE, FLORID	A 32309			
			ChiniState and the Code			
		andreaprarine.com) . be used for future annual report notifies	ation)		
For further in	nformation cor	ncerning this matter, please cal	l:			
ANN BLAC	CK		at () 893-4105 Area Code Daytime T			
Name of Person		Area Code Daytime T	elephone Number			
Enclosed is	a check for the	following amount:				
■ \$25.00 F	iling 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

331/1-10 PROPERTIES, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on JANUARY 12, 2018	and assigned
Florida document number L18000010737		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		*
B. If amending the registered agent and/or registered	office address on our records, ente	er afthe name of the
registered agent and/or the new registered office address he	ere:	P (1)
Name of New Registered Agent:		Ser F
-		3 6
New Registered Office Address:	Enter Florida street address	
	imer i un ad so cer davess	
	, Florida	
	City	Zip Code

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
MGR	ANGUS ANDREWS, JR.	P.O. BOX 405	■ Add
	, , , , , , , , , , , , , , , , , , , 	DEFUNIAK SPRINGS, FL 32435	□ Remove
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ote: If the date inserted in this block	does not meet the applic	able statutory filing	re than 90 days after this requirements, this da	te will not be li	sted a
ocument's effective date on the Depar	tment of State's records			3, 40	
e record specifies a delayed ef	factiva data but ac	at an official ti	ma at 12,01 a m		ـمنا
The 90th day after the record	is filed.	ican enective th	me, at 12.01 a.ii	i. On the ear	ner
JANUARY 17 ated	. 2018	/			
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	1/.	1111	j.		
Sign	nature of a member or auth	orized representative of	of a member		

Page 3 of 3

Filing Fee: \$25.00