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SECRUTARY OF JOHN LONG

OCT 03 2018

COVER LETTER

TO:		tration Sect ion of Corpo		·	
ento in	ECT.	OCKERBIE	PROPERTIES, LLC		
SUBJE	.c.r		Name of Limi	ited Liability Company	
The en	closed A	Articles of Ar	nendment and fee(s) are sub	mitted for filling.	
Please	return a	ll correspond	dence concerning this matter	to the following:	
			MEGAN EMERY		
				Name of Person	
LOCKERBIE PROPERTIES, LLC					
				Firm/Company	
			5215 NW 35 AVENUE		
				Address	
			FORT LAUDERDALE, FI	L 33309	
				City/State and Zip Code	
			E-mail address: (t	to be used for future annual report notifi	cation)
For fur	ther info	Name of Person LOCKERBIE PROPERTIES, LLC Firm/Company 5215 NW 35 AVENUE Address FORT LAUDERDALE, FL 33309 City/State and Zip Code E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:			
MEG/	AN EME	ERY		at (954) 638-05	7/5
		Name of P	erson	Area Code Daytime	Telephone Number
Enclose	ed is a c	heck for the	following amount:		
■ \$2:	5.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

LOCKERBIE PROPERTIES, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	(y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.18000013594	ompany were filed on JANUARY 16, 201	8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"-c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	20 20 00
		1 857
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	
3. If amending the registered agent and/or regist egistered agent and/or the new registered office addr Name of New Registered Agent:	tered office address on our records, ress here:	enter the name of the
Marcha Lorgania		
New Registered Office Address:	Enter Florida street address	
		. ,
	, Flori	ida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MEGAN EMERY	5215 NW 35 AVENUE	
		FORT LAUDERDALE, FL 33309	■ Remove
			□ Change
AMBR	DARRELL EMERY	5215 NW 35 AVENUE	
		FORT LAUDERDALE, FL 33309	■ Remove
			Change
MGR	MEGAN EMERY	5215 NW 35 AVENUE	= Add
		FORT LAUDERDALE, FL 33309	□ Remove
			□ Change
MGR	DARRELL EMERY	5215 NW 35 AVENUE	_
		FORT LAUDERDALE, FL 33309	□ Remove
			Change
 -			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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		OCT	180 E
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			_
(If ar <u>No</u>	ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we cannot selfective date on the Department of State's records.	Pursuant to 6 fill not be 1	505.0207 (3 isted as th
the) T	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.	n the eai	rlier of:
Dat	Signature of a member or authorized representative of a member		
	Myn Esrus		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00