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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:	PLEM BLC Name of Lim	Oyeミ 31 アクシュートルター した・ vited Liability Company	<u> </u>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ke	Ng:N JACKSさい Name of Person	
		PEM	BLOKÉ 31 PEOPERTIES Firm/Company	
		7610	VANDALAY DIL	
		JACKSONVICE	E FL 3とと44 City/State and Zip Code	
		Pembrok E-mail address: (e. 31 ρεορατίος Θηπαίλ to be used for future annual report notif	ication)
For fur	ther information o	oncerning this matter, please o	all:	
	V-€ / Name o	Person	at (716) S12-3 Area Code Daytime	E/D e Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$ 2	5.00 Filing Fee	区 \$30.00 Filing Fee & Certificate of Status	(22 \$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

PREMBROKE (Name of the Limited Liability Comp	31 Propert	nes LLC		
(A Florida Limited	Liability Company)	MI GOT TOOK GS.)		
The Articles of Organization for this Limited Liability Compan	y were filed on!	19/2018	_ and assigne	d
Florida document number <u>L 18000017189</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here	:		
PEMBROKE 31	PROPERTIES	LLC		
The new name must be distinguishable and contain the words "Limited Liah	bility Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C."	,
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	<u> </u>		· - · - · - · - · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)				
		-		
B. If amending the registered agent and/or registered agent and/or the new registered office address he		ur records, <u>enter th</u>	<u>ne name of the na</u>	ne nev
Togate of organic and or the free Togate of or the dediction for				0
Name of New Registered Agent:			18	SEAS SS
I wall is of New Registered Agent.				-2
New Registered Office Address:				<u> </u>
	Enter Florida	street address	-TO	200
		Florida	چَـــ Zip Code بِنِ	3.4
	City		جب Zip Code	<u> </u>
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		:3	S.C.
I hereby accept the appointment as registered agent and ag	ree to act in this cap	oacity. I further agre	e to comply w	ith the

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			Remove
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		····	Add
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ective date, if oth	ner than the date of ad, the date must be speci rted in this block does date on the Departmer	s not meet the applical nt of State's records.	o date of filing or more to ble statutory filing red	(optional) han 90 days after filing.) quirements, this date v	Pursuant to 605.02 vill not be listed a
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