L180000210952

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COVER LETTER

	Registration Sc Division of Cor						
SUBJEC.	Crown Property Holdings LLC T: Name of Limited Liability Company						
SUBJEC							
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Arthur Slowe					
			Name of Person				
		Arthur Slowe & Associate	s, P.A.				
			Firm/Company				
		8920 Pine Island Road					
		Address					
		Clermont, Florida, 34711					
		City/State and Zip Code					
		aslowe@aslowelaw.com					
		E-mail address: (to be used for future annual report	notification)			
For furthe	er information c	oncerning this matter, please co	all:				
Arthur Sl	owe		954 559-1317 at ()	;			
	Name o	f Person	Area Code Day	nime Telephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.0	0 Filing Fee	☐ S30.00 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)			
	lailing Addres		Street Address	-			
	Registration S		Registration				
	Division of C		Division of C	Lorporations of Tallahaceae			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crown Property Holdings LLC

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(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 $\frac{1/30/2018}{1}$ and assigned Florida document number L18000026952 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 "L.L.C." 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) 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.

If Changing Registered Agent, Signature of New Registered Agent

if amending Authorized rerson(s) authorized to manage, enter the time, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Gary Hasson	1061 Tildenville School Road	□Add
		Winter Garden, Florida 34787	■Remove
			□Change
MGR	Gary Hasson	1601 Tildenville School Road	≣ Add
		Winter Garden, Florida 34787	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Change

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	1/11/2021
ffect	ive date, if other than the date of filing:(optional)
an en ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocun	ent's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
l is fi	ed.
	1/11/2024
ated	
ated	
ated	Signature of a member or authorized representative of a member

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Typed or printed name of signee