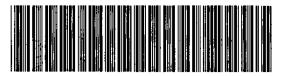


(Requestor's Name)
(requestors reality)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600309485526

03/12/18--01014--021 **25.00



COVER LETTER

Division of Corpo	rations		
subject: <u>378</u>	outh Prop	LITTES ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Molly 1	Austin Name of Person	
		Firm/Company	
	663 13	th Ave Sout	h
	1	Address	_
	Sacksonvi	116 Beach th	32250
	nustinm	City/State and Zip Code	
	E-mail address: (a	to be used for future annual report notifica	ation)
For further information con-	cerning this matter, please ca	all:	
Molly Name of P	Austin erson	at (904) 200 - C Area Code Daytime T	lelephone Number
Enclosed is a check for the	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

37 South Prop	erties	cords.)		
(<u>Name of the Limited Liability Comp</u> an (A Florida Limited Li	ability Company)	<u>====</u> ,		
The Articles of Organization for this Limited Liability Company value of Organization for this Limited Liability Company value $4800057/66$.	were filed on March	5,2018	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabilise Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation '	'LLC" or the abbrevi	ation "L.L.C."	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				_ _
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, enter the	name of the	<u>new</u>
Name of New Registered Agent:			A C B	5
New Registered Office Address:	Enter Florida street ad	ddress	AR 12 ASSEE.	- i
		_, Florida	Trus PR	
New Registered Agent's Signature, if changing Registered Agent:	City	Z	1000 11位 11位 11位 11位 11位 11位 11位 11位 11位	C:
I houghy appear the appointment as registered appear and appear	a to got in this canacity	I fuuthan aanaa i	to aamalu with	htho

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgr</u>	David W. Shore	33San Pablo Circle, Sout Sacksonville Beach FL	Add 32250 Remove
			Change
			Add
		Remove	
			Change
			☐ Remove
			☐ Change
			D Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			Add
			Remove
			☐ Change

•	Employer Identification Number: 82-4664141	
	82-4664141	
	ALLY COR	9010
	AHAS	
	SEE. F	<u>,</u>
	FLORI	C
E Effor	tive date, if other than the date of filing: May ch 1, 2018 (optional) ffective 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.	
Note:	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	r of:
Dote	March 8, 2018 .	
Date		
Date	Signature of a method or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00