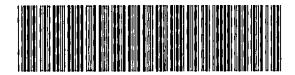
## h18000067015

| (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**

| CHD HICTE.     |               | roperties LLC                                   |   |  |  |  |  |  |
|----------------|---------------|---|---|--|--|--|--|--|
| SUBJECT:       |               | Name of Lim                                     | ited Liability Company  |  |  |  |  |  |
| The enclosed   | d Articles of | Amendment and fee(s) are sub                    | mitted for filing.  |  |  |  |  |  |
| Please return  | all correspo  | ndence concerning this matter                   | to the following:   |  |  |  |  |  |
|                |               | Erica K Harp CPA                                |   | ·  |  |  |  |  |
|                |               |   | Name of Person  |  |  |  |  |  |
|                |               | Hughes Snell & Co PA                            |   |  |  |  |  |  |
|                |               |   | Firm/Company  |  |  |  |  |  |
|                |               | 1470 Royal Palm Square Blvd                     |   |  |  |  |  |  |
|                |               | Address   |   |  |  |  |  |  |
|                |               | Fort Myers FL 33919                             |   |  |  |  |  |  |
|                |               |   | City/State and Zip Code   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |
|                |               | eharp@hughesnell.com                            | 100   | <del></del>  |  |  |  |  |
|                |               |   | to be used for future annual report noti                            | ncation)   |  |  |  |  |
| For further is | nformation co | oncerning this matter, please ca                | all:  |  |  |  |  |  |
| Erica K Harj   | р СРА         |   | 239 689-3006<br>at ()   |  |  |  |  |  |
|                | Name o        | Person  | at ()<br>Area Code Daytim   | e Telephone Number   |  |  |  |  |
| Enclosed is a  | check for th  | ne following amount:                            |   |  |  |  |  |  |
| □ \$25.00 F    | filing Fee    | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |  |

TO:

Registration Section **Division of Corporations** 

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Yorkshire Properties LLC   |  |                              |
|--|--|------------------------------|
| ( <u>Name of the Limited Liahi</u><br>(A Florid  | lity Company as it now appears on our records<br>da Limited Liability Company) | .)                           |
| The Articles of Organization for this Limited Liability Florida document number L18000067015 | Company were filed on March 14, 2018   | and assigned                 |
| This amendment is submitted to amend the following:  | ·  |                              |
| A. If amending name, enter the new name of the lin   | nited liability company here:  |                              |
| The new name must be distinguishable and contain the words "Li                               | mited Liability Company," the designation "LLC"                                | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | <del></del>  |                              |
| (Principal office address MUST BE A STREET ADD   | RESS)  |                              |
|  |  |                              |
|  |  |                              |
| Enter new mailing address, if applicable:  |  | 5.3                          |
| .,   |  |                              |
| Mailing address MAY BE A POST OFFICE BOX)  |  |                              |
|  |  |                              |
| B. If amending the registered agent and/or registere   | ed office address on our records, enter t                                      | he name of the new register  |
| agent and/or the new registered office address here:   |  | t's                          |
|  |  | · ·                          |
| Name of New Registered Agent:  |  | O)                           |
| Nume of the B Registered Algeria   |  |                              |
| New Registered Office Address:   | C C C  |                              |
|  | Enter Florida street address   |                              |
| <u></u> -  | Flo.   | rida                         |
|  | 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 |
|--------------|--------------|-----------------------|----------------|
| AMBR         | Danyne Bharj | 9702 Cloverleaf Place | ■Add           |
|              |              | Ooltewah, TN 37363    | □Remove        |
|              |              | ·                     | □Change        |
|              |              |                       | □Add           |
|              |              |                       | Remove         |
|              |              |                       | □Change        |
|              |              |                       | □Add           |
|              |              |                       | □Remove        |
|              |              |                       | Change         |
|              |              |                       | □Add           |
|              |              |                       | □Remove        |
|              |              |                       | ☐ Change       |
|              |              |                       | □Add           |
|              |              |                       |                |
|              |              |                       | Change         |
|              |              | <del></del>           | □Add           |
|              |              |                       | Remove         |
|              |              |                       | ☐ Change       |

| Iffective date, if other than the date of filing:  January 1, 2021  [Optional]  an effective 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:  Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records.  The specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  The specific and the specific an |                                  | <del></del>     |             |                |                                       |                |               |                  |             |
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|  | <del></del>                      |                 | Typ         | ed or printed  | name of signee                        | · -            |               |                  |             |