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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Investment property 8
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
George Proderick Leemon Name of Person
Name of Person
None
Firm/Company
2131 Arbucklerd
Address
Spring Hill / Florida / 34008 City/State and Zip Code George I cemon 1991 By mail.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
george reemon 1971 Gymail.com
For further information concerning this matter, please call:
George Broderick Leemon at (352) 949 9162 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (cadditional 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

investment property	8	
	Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 1 80000 72 10 6</u>	mpany were filed on <u>03/20/</u>	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable:	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE		
Trincipal office address most be A STREET ADDRE	<u> </u>	
		AR HAR
Enter new mailing address, if applicable:		FIL ARY 29
(Mailing address MAY BE A POST OFFICE BOX)		
Muning address MAT BE AT UST OFFICE BUX		9 . CO
		9 RICE
B. If amending the registered agent and/or registered agent and/or the new registered office addre		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street add.	
	Enter r toriau street add.	TCSS
	, Citv	Florida
	Cult	wh civit

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 = A	uthorized Member			
<u>Title</u>	Name		Address	Type of Action
AMBR	Leamon, George B	_		
	•			
			2131 Arbuckle od #spring hill Fl	Change
AMBA	Leemon, Andrew W			🗆 Add
	2234 North Federal	HW.	Y# 1156 Boca Ruton, Fl 33431	
				Change
		-		🗆 Add
			_	🗆 Remove
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