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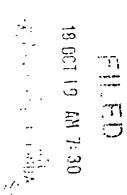
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COVER LETTER

	Registration Se Division of Cor			
eup we	WELCOME	E HERE PROPERTIES, LLC		
SUBJEC	1;	Name of Lin	ited Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		REBECCA WAMMACK		
		WELCOME HERE PROP	Name of Person ERTIES, LLC	
		1600-A AKRIDGE DR	Firm/Company	
		TALLAHASSEE, FL. 323	Address 08	
		becca@welcomehereproper	City/State and Zip Code ties.com	
			to be used for future annual report notifi	ication)
for furthe	r information co	oncerning this matter, please c	all:	
REBECC	A WAMMACK		850 766-2699 at ()	
_	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Fifing 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 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

WELCOME HERE PROPERTIES, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on o la Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Florida document numberL18000099750	Company were filed on APRIL:	20. 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 "Lir	nited Liability Company," the designa	ation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		·	
Principal office address MUST BE A STREET ADD	<u>RESS)</u>		<u> </u>
		·	
Enter new mailing address, if applicable:		<u>.</u>	R D
Mailing address MAY BE A POST OFFICE BOX)			: 3
3. If amending the registered agent and/or registered agent and/or the new registered office ado Name of New Registered Agent:	stered office address on our <u>dress here</u> :	records, enter the	name of the
New Registered Office Address:			
registered office / tetaless.	Enter Florida str	reet address	<u>.</u>
		Florida	
	City	7	ip 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>	<u>Address</u>	Type of Action
MGR	REBECCA WAMMACK	1600-A AKRIDGE DR TALLAHASSEE, FL 32308	Add
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			Change
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			□.Remove
			Change Change
			
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ffective date, if other than the date of filing:			(
an effective date is listed, the date must be specific and cannot be	prior to date of fili	ng or more than 90	(optional) days after filing.) Pu	rsuant to 605.
<u>Sote:</u> If the date inserted in this block does not meet the apocument's effective date on the Department of State's recomment.	ords.	y ming requirem	ents, this date wil	i not be liste
e record specifies a delayed effective date, but The 90th day after the record is filed.	not an effec	tive time, at 1	12:01 a.m. on	the earlie
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		ntative of a member		

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