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| TO: Registration Division of C | | | | | | |
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| SUBJECT: | Athena Prop | erty Services | | | | |
| | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | | |
| | | Charlotte Garfinkel | | | | |
| | | Name of Person | | | | |
| | Athena Prop | erty Services | | | | |
| | | Firm/Company | | | | |
| | 2430 SW 122nd Ct | | | | | |
| | | Address | | | | |
| | Miami FL 33 | 175 | | | | |
| | | City/State and Zip Code | | | | |
| | athenaprofessional@gmail.com E-mail address: (to be used for future annual report notification) | | | | | |
| For further information | concerning this matter, please c | | | | | |
| Charlotte | | at (305) 401 146 | 3 | | | |
| Name | e of Person | Area Code Daytin | ne Telephone 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:

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

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| ATHENA PROPER (Name of the Limited Liability Compa (A Florida Limited L | | | | |
|---|---------------------|--|-------------------|-----------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L18000143203</u> . | were filed on | 06/11/2018 | and assign | ed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company he | ere: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the d | esignation "LLC" or the abb | reviation "L.L.C. | ** |
| Enter new principal offices address, if applicable: | ••• | | | <u>ş</u> _ |
| (Principal office address MUST BE A STREET ADDRESS) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | SEGRE /ISIDN |
| | | | 20 | - 무성- 무성- |
| Enter new mailing address, if applicable: | | | <u>></u> | 250 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u></u> | N SO |
| | | | 30 | 31. |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | our records, <u>enter t</u> | he name of | the nev |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| - | Enter Floi | ida street address | | |
| | | , Florida | | |
| Num Bankanad County Commence of the saint Bankanad County | 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 |
|--------------|---------------------------------|----------------------------------|----------------|
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| E. Effective | late, if other than t | he date of fili | ng: | 1 000 | (| optional) | |
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| document | s effective date on the | Department of | State's records. | | | | |
| If the record | specifies a delay | ed effective | date, but no | t an effective | time, at 12:0 | 01 a.m. on the | earl |
| | th day after the re | | | | · | | |
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