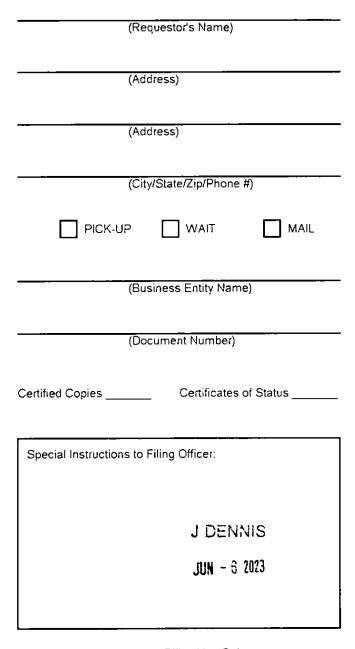
LISO00143675







100403501661

R. 05.30.23

SELECTOR OF STATE

COVER LETTER

| то: | Registration Sec Division of Corp | | | | | | |
|-----------|---|--|--|--|--|--|--|
| or:n ice | | opf Property Holdings, LLC | | | | | |
| SUBJEC | .l: | Name of Limited Liability Company | | | | | |
| The encl | osed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please re | eturn all correspor | ndence concerning this matter | to the following: | | | | |
| | | Thomas E Conway | | | | | |
| | | - | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 2688 Danbury Drive | | | | | |
| | | Address Auburn, AL 36830 | | | | | |
| | | | | | | | |
| | | City/State and Zip Code | | | | | |
| | | conwaytome@gmail.com E-mail address: (to be used for future annual report notification) | | | | | |
| For furth | er information co | oncerning this matter, please c | • | | | | |
| Thomas | E Conway | | 404 790-41 | | | | |
| | Name of | Person | Area Code D | aytime Telephone Number | | | |
| Enclosed | l is a check for the | e following amount: | | | | | |
| aid 1 | 00 Filing Fee Previously Jachel Lette | S30.00 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 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

| (Name of the Limited Liability | (Company as it now appears an our records.) |
|---|--|
| (A Florida | y Company as it now appears on our records.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability Collorida document number <u>L18000143675</u> | ompany were filed on 06/11/2018 and assigned |
| his amendment is submitted to amend the following: | |
| a. If amending name, enter the new name of the limit | ed liability company here: |
| Conway & Sons Property Holdings, LLC | |
| he new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRI</u> | <u>ESS)</u> |
| | |
| Inter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| 3. If amending the registered agent and/or registered gent and/or the new registered office address here: | office address on our records, enter the name of the new register |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street uddress |
| | , Florida |
| | City Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

....... Marca Characana III dilinas I I C

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 |
|--------------|-------------|---------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | 🖸 Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □ Changa |

| (If an e Note : | ffective date, if other than the date of filing: |
|---------------------------|---|
| he reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. |
| Dated | |
| | The Conwax |
| | Signature of a member or authorized representative of a member |