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COVER LETTER

TO:	Registration S Division of Co			
SUBJE:	South Broa	adway Properties, LLC		
301315	c.i	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Crystal Kornucik		
			Name of Person	
		Law Office of Andrew We	einhaus, LLC	
			Firm/Company	
		8000 Maryland Avenue, S	uite 1150	
			Address	<u> </u>
		Clayton, MO 63105		
			City/State and Zip Code	
		Andy@Weinhauslaw.com	to be used for future annual report notifi	cation)
For furt	her information (concerning this matter, please ca	·	,
		,	314 726-2411	
Crystal Kornucik Name of Person		.CD	at ()	Telephone Number
	Name	or reison	Area Code Daynine	Telephone Number
Enclose	d is a check for t	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)
		JNG ADDRESS:	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Broadway Properties, LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	and assig	ned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.(C."
Enter new principal offices address, if applicable:	12011 Front Beach Road, Unit 1501C		0
(Principal office address MUST BE A STREET ADDRESS)	Panama City Beach, FL 32407	18 AUG	VISION JECH
		22	F ILE
Enter new mailing address, if applicable:		<u>P</u> _	- 성육(T) -
(Mailing address MAY BE A POST OFFICE BOX)		<u>?</u> _	<u> </u>
		9	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		r the name of	the new
	, Florida _		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	ı familiar with r, if this docum	and ient is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			□ Add
		·	Remove
			Change
			Add
			☐ Remove
		 	Change
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Effective date, if oth fan effective date is listed Note: If the date inserdocument's effective d	ted in this block does	not meet the appli	cable statutory fili	more than 90 days af ng requirements, t	tional) ter filing.) Pursuant to 60 his date will not be lis)5.02 sted
ne record specifies The 90th day aft			ot an effective	time, at 12:01	a.m. on the earl	ier
Dated August 14		2018				
	-lu Wi	 	<u> </u>			
			norized representativ		-	

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Filing Fee: \$25.00