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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

CUDIECT.	Robert Price Real Property, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		,
Please return all correspo	ondence concerning this matter	to the following:		-
				Ç.
		Sonia Becerra Name of Person	· · · · · · · · · · · · · · · · · · ·	
		rune of reison		
		Swyft Filings, LLC		
		Firm/Company		
	12	605 East Freeway,	Suite 540	
		Address		
		Houston, Texas 77	015	
	· · · · ·	City/State and Zip Code		<del></del>
		filings@swyftfilings.		
		to be used for future annua	l report notificat	ion)
For further information of	concerning this matter, please of	all:		
Sonia E	Becerra	at (877 )	777-0450	
<del></del>	of Person	Area Code		lephone Number
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	•	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREE	T/COURIER	ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ROBERT PRICE REAL PROPERTY, LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	-
The Articles of Organization for this Limited Liability Company Florida document numberL18000189513	were filed on	08/08/2018	and assigned
This amendment is submitted to amend the following:			1
A. If amending name, enter the new name of the limited liab	ility company he	re•	17
Robert G. Price, Jr. LLC	inty company ne	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	701	Market St.	
(Principal office address MUST BE A STREET ADDRESS)	Svite 1 Hillugua	111 E 320	095
Enter new mailing address, if applicable:	\$ 701	Market St.	-
(Mailing address MAY BE A POST OFFICE BOX)	Suite 11,	1 PMB 23 time .FL 320	<u> 148</u> 195
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		,	
New Registered Office Address:			
New Registered Office Address.	Enter Flori	da street address	
		. Florida	
<del></del>	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of i provided for in C	ny duties, and I am fa hapter 605, F.S. Or, ij	miliar with and this document is
If Chan	ging Registered Age	ent, Signature of New Regi	stered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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<u>lote:</u> If	ve date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of filing or more than  If the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0 ements, this date will not be listed
	ord specifies a delayed effective date, but not an effective time, a 90th day after the record is filed.	t 12:01 a.m. on the earlie
ated	3/25/2018	
	The Meet	
	Signature of a member or authorized representative of a men	nber
	Robert Grant Irice	

Page 3 of 3

Filing Fee: \$25.00