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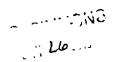
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Division of C							
	TIC PARTNERS COMMERCIA	AL REALTY ST. AUGUSTINE					
SUBJECT:	Name of Lim	Name of Limited Liability Company The same of Person The same of Pe					
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
	JACQUELINE BOTIFOL	L					
		Name of Person					
	KELLER WILLIAMS RE	ALTY ATLANTIC PARTNERS					
		Firm/Company					
	100 SOUTHPARK BLV	100 SOUTHPARK BLVD, STE 201					
	 	Address					
	ST. AUGUSTINE, FL 32	2086					
		City/State and Zip Code					
	KLRW1075@KW.COM						
	E-mail address: (to be used for future annual report notif	ication)				
For further information	concerning this matter, please ca	all:					
KATIE STEWART							
Name	of Person	Area Code Daytime	: 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:

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

ATLANTIC PARTNERS COMMERCIAL REALTY ST. AUGUSTINE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/10/2018 and assigned. Florida document number L18000240264 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation. LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address. if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
MBR	STEVE TUFTS	8702 PERIMETER PARK BLVD	
		JACKSONVILLE. FL 32216	■ Remove
			☐ Change
MMBR	MARGARET SHERRILL	SAME AS ABOVE	
			■ Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00