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| PICK-UP | WAIT | MAIL |
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| (B | lusiness Entity Name) | · · · |
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| Certified Copies | Certificates o | of Status |
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| Special Instructions to F | filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: COSVIEW Property Management LLC Name of Limited Riability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Jenniter Hendry Name of Person |
| Cross View Property Management |
| 3121 Ventoure PL Ste 3 |
| Jacksonville, FL 32257 City/State and Zip Code Jennifer- a cross view realty. (um E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jennife Hendry at (904) 463-28.28 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee \$ □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing Address: Street Address: |

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

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

FILED

| Oi | 7 | | - E E F |
|---|--|---------------------------|-------------------------------|
| (Name of the Limited Liability Compan | y Manac | 2022 APR 18 | 4M10:09 |
| The Articles of Organization for this Limited Liability Company of Florida document number 4 8000 2 629.04 | 11 67 | IALLAHA'S | OF STATE SEE, FL and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | | | |
| The new name must be distinguishable and contain the words "Limited Liabili- | ty Company," the designat | ion "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | 9393-2 | mill | Springs D |
| (Principal office address MUST BE A STREET ADDRESS) | Jackson | ville, C | 32257 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 9393-2 | mill | Springs D. |
| Islaming unaress intil BL 11 1 Obl Q1 11CD DOLLY | Jackson | ville, F | L 32257 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our record | s, <u>enter the nam</u> e | e of the new registered |
| | | | |
| Name of New Registered Agent: | ************************************** | | |
| New Registered Office Address: | Enter Florida str | eet address | . |
| | | Til and da | |
| | City | , Florida | 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 |
|--------------|-------------|-------------------|-----------------|
| THE M | Ja Dennife | - Hady 9393-2 Mil | 1 Springs BAdd |
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| n effectiv ite: If t | date, if other than the date of filing: | 05.0207 sted as |
| ecord sp is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff | ter the |
| ted | 4/8/22 | |
| | Signature of a member or authorized representative of a member | |
| | Jennifer Hendry | |

Filing Fee: \$25.00