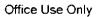
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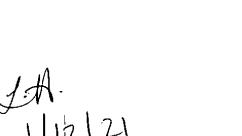
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT.	alute Propertie	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:	
	Matt Levit	-+	
		Name of Person	
	Resolute Pr	opertres, LLC	
		, and the same of	
	85352 Lan	Name of Person Properties, Lee Firm/Company Lana Read Address 32097 City/State and Zip Code dress: (to be used for future annual report notification) case call: at (904) 583-9427 Area Code Daytime Telephone Number	
			
	Volee, Fr	32097	
	7	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information of	oncerning this matter, please ca	all:	
Matt L.		at (904) 583-9	1427
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
X \$25.00 Filing Fee	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 Addres		Street Address:	etion
Registration S Division of C		Registration Se Division of Co	
D.O. Day (22)	•	The Contra of T	-

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raschite Properties	LLE
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
	a la
This amendment is submitted to amend the following:	
Articles of Organization for this Limited Liability Company were filed on 1 17 2019 and assigned ida document number L190000 18171 amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: tew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iding address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records.	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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)	
	<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 a 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
MGR	William J. Levitt	85352 Lana Road	MAdd
		Yula, F2 32097	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date	ite is listed, the date ate inserted in th	the date of filing must be specific and his block does not re the Department of S	d cannot be prior to da neet the applicable	te of filing or more tha	(optional) in 90 days after filing.) irrements, this date v	Pursuant to 605.020 will not be listed ε
Note: If the d						
Note: If the document's ef	ies a delayed effo	ective date, but not	t an effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day after th
Note: If the d locument's ef	. 1	_	t an effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day after th
Note: If the document's ef record specified is filed.	. 1	By /	·/	at 12:01 a.m. on the		90th day after the