L19000092758

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19 APR 11 PH 6: 21

APR 1 7 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Signature Elite Properties, UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kristen King Friven / ESQ. Name of Person
The Signature Real Estat a Companies
901-C Clint mare Road
Boon Ration FL 33487 City/State and Zip Code
E-mail Audress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristen King Jaiven at (501) 300-0921 Name of Person at (501) 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) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Signature Ender (Name of the Limited Line)	HOCCHES LUC ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L190000 927</u>	
This amendment is submitted to amend the followin	g:
A. If amending name, enter the new name of the	limited liability company here:
Signature Preshir The new name must be distinguishable and contain the words	Thernahand, UC Timited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET A	ODRESS)
Enter new mailing address, if applicable:	<u> </u>
<u>Mailing address MAY BE A POST OFFICE BOX</u>	2 PART 24
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida City Zip Code
	Elp Code

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = M $AMBR = A$	anager . uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			_ □ Add
			□ Remove
			☐ Change
			☐ Remove
		-	☐ Change
			_ ☐ Remove
			☐ Change
_			
			☐ Remove
			☐ Change

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reffectiv <u>te:</u> If th	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the day after the record is filed.
led	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00