119000 107 126

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

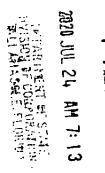
Office Use Only



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RECEPTED
JOL 2 4 233



SEP 14 2020

S. YOUNG

<i>j</i> i.	COVER LETTER
TO: Registration Section	
Division of Corporations	
-SUBJECT: Brown	ame of Limited Liability Company
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
[Da]	Her Brown
[]= 0[]	Name of Person
	Firm/Company
Oi N	Marina Terrace
<u>~~/_/'</u>	Address
Treas	City/State and Zip Code
	City/State and Zip Code 25 30 60 mail COM ail address: (to be used for future annual report notification)
For further information concerning this matter	•
1 11 7	
Name of Person	at (2/6) 2/4-/94/ Area Code Daytime Telephone Number
, <u></u>	
Enciosed is a check for the following amoun	it:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate of	of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	•
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ils Proper	rties LLC.	P III
Liability Company as it	now appears on our records.)	
lity Company were fi	iled on <u>4/18/2019</u>	and assigned
ng:		
e limited liability co	mpany here:	·
s "Limited Liability Com	pany." the designation "LEC" or	r the abbreviation "L.L.C."
e:	<u>.</u>	
(DDRESS)		
,		1
		•
<u>~</u>		
stered office address ere:	on our records, enter the	name of the new registered
		
<u>-</u>		·
	Enter Florida street address	
City		la Zip Code
	ing: lity Company were full district company we	tered office address on our records, enter the

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 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>	<u>Address</u>	Type of Action
MGR	Carmen N. Preston	21 Marina Terrace	□Add
		2/ Marina Terrace Treasure Island, Florida 33:	<i>106</i> □Remove
			B Change
			🗆 Add
			□Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			□Remove
			□ Change
			🗆 Add
			□ Remove
			Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets. if necessary.)	! ;
		<u> </u>
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		 -
		
		
Hote: H	e date, if other than the date of filing: T	rsuant to 605.0207 (3)(I I not be listed as the
f the record s ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90.	th day after the
Dated	7/22 , 2020.	
	Wate Des	1
	Signature of a member or authorized representative of a member No Her Brown	.
	politic se juni	

Filing Fee: \$25.00