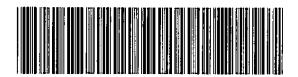
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JUN 2 4 2020

COVER LETTER

	ration Section on of Corporations	
SUBJECT: _	Name of Limited Liability Company	
The enclosed	rticles of Amendment and fee(s) are submitted for filing.	
Please return a	correspondence concerning this matter to the following:	
	Inistopher Pariado	
	Name of Person	
	Cisci Com Property Wordings, LLC	
	1238 E. Kennedy Blad Unit GOYS	
	Tampe FL 33602	
	Conone rentals a smail. com	
	E-mail address: (to be used for future annual report notification)	
For further inf	rmation concerning this matter, please call:	
	Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytine Telephone Number	
Enclosed is a o	eck for the following amount:) - · · !
\$25.00 Fil	ring Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ ☐ Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, ☐ ☐ Certificate of Status & ☐ ☐ Certified Copy (additional copy is enclosed) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	

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

Street Address: 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 OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number 49000134143 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 "L.L.C." 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
WR	Black Brigh Homes LLC	Brondon, FL 33511	□Add
		Grandon, FL 33511	Remove
			□Change
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			□Remove
			Change
			□Add
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			□Change
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			□Remove
			□Add
			□Remove
			Change
			□Add
			□ Rепюче
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fecti	ive date, if other than the date of filing:
an err <u>ote:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is fil	ed.
	W 15
ated .	May 24. 2020
	Signature of a number of authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00