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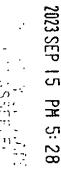
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COVER LETTER

Registration Section Division of Corporations

ANGUS PROPERTY MANAGEMENT LLC

SCHULL	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	VICKI TAYLOR		
		Name of Person	
	GEM INSURANCE LLC		
		Firm/Company	
	4131 SOUTHSIDE BLVE	STE 109	
		Address	
	JAX, FL 32216		
		City/State and Zip Code	···
	VICKI@GEMI.NET		
Car frethar information a	e-mail address: (concerning this matter, please c	to be used for future annual report no	tification)
	concerting this matter, please c		
VICKITAYLOR	f Person	904 724-3854 at (
Name o	f Person	Area Code Daytin	ne Telephone Number
unclosed is a check for th	he following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
4.			
Mailing Addres Registration S		Street Address: Registration Sc	ection
Negistration of C		Division of Co.	

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 OF

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records Limited Liability Company)	,)
If amending name, enter the new name of the limited liability company here: c new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviater new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) atter new mailing address, if applicable: [uilling address MAY BE A POST OFFICE BOX] If amending the registered agent and/or registered office address on our records, enter the name of and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	and assigned	
This amendment is submitted to amend the following:		
V. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	
	,	7 023
Inter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE BOX)		
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		-:- I
. If amending the registered agent and/or registered	office address on our records, enter the	ne name of the new registere
gent and/or the new registered office address here:		2
Name of New Registered Agent:		
New Registered Office Address:		
Articles of Organization for this Limited Liability Company were filed on 05/22/2019 and ass add document number L19000138282 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: It new mailing address, if applicable: It new mailing address if applicable: It new mailing address if applicable: It new mailing address address if applicable: It new mailing address on our records, enter the name of the shew the and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Flor	ida
	City	Zip Code

ew Registered Agent's Signature, If changing Registered Agent:

ANGUS PROPERTY MANAGEMENT LLC

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except 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

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
AMBR	JORDAN HAMILTON	6824 ALTIMA RD JACKSONVILLE, FL 32216	=Add
			□ Remove
			□Change
			☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Change
		6824 ALTIMA RD JACKSONVILLE, FL 32216 Remove Change Add Remove Change Add Remove Change	
			□Change
			🗆 Add
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			Change
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			Change
			[]Add
			🗆 Remove
			□Change
			□Add
			□Remove
			Change

amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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effec <u>e:</u> It	e date, if other than the date of filing:	1207 I as
ord : filed	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	he
os 	Signature of a member or authorized representative of a member	
	JAMES HAMILTON	
	Typed or printed name of signec	

D.

Filing Fee: \$25.00