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SECRETARY OF STATE

Amend

DEC 1 4 2019 I ALBRITTON

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Last Mile Realty LLC 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:
George M. Gipson III
Name of Person
Firm/Company
1645 4t Pl
Vero Blach Fl 32962  City/State and Zip Code  George 1. 9 ip Son ayahoo. com
City/State and Zip Code  9 ebrgul. 9 ip Son ayahoo. wm
For further information concerning this matter, please call:
George Gipson at 772 713-3633
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee & S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certifica

### MAILING ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Noverby 13, 2019 and assigned Florida document number <u>L/9800/43703</u> .

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited I	iability Company," the desi	gnation "LLC" or	the abbrevia	tion "L.I	L.C."
Enter new principal offices address, if applicable:	-				
(Principal office address MUST BE A STREET ADDRESS	5)				
			SECS!	2019 NOV	<u>—</u>
Enter new mailing address, if applicable:			ETASS SSAN		
(Mailing address MAY BE A POST OFFICE BOX)				8	'n
			H. H.	<u> </u>	
B. If amending the registered agent and/or registere- registered agent and/or the new registered office address		our records, g	enter The	i: 2 name	of the n
Name of New Registered Agent:	<del></del>				
New Registered Office Address:					
	Enter Florida	street address			
<u></u>		, Flori			
	City		Zij	n 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 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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> Name Address Type of Action Kenneth Moore 7765 Sunnydale LN Jackson ville Fl 32256 MGK ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

o. Ham	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
E. Effec	tive date, if other than the date of filing: (optional)	
Note:	ffective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.	
if the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of eactive day after the record is filed.	of:
Dated	4	
24,00	DUM HUTT	
	Geoge M. Gipson III	
	George M. Gipson III	

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Typed or printed name of signee

Filing Fee: \$25.00