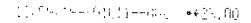
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Document Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			
er:n tr		ury Properties LLC		
SUBJE		Name of Lim	ited Liability Company	_ -
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Blake ?	Joses Name of Person	
			Firm/Company	
		193 Splas	Address	
		Inlet Be		61
		Blakejones	City/State and Zip Code Stagmail.co. to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca		
Bl	ake Je	DNCS FPerson	at (<u>850</u>) <u>714 -</u> Area Code Daytim	4252 e Telephone Number
Enclos	ed is a check for th	ne following amount:		
£ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SoWal Luxury Properties LLC.

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records. mited Liability Company)	1
The Articles of Organization for this Limited Liability Com- Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 Oct -
		M 11
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the no
Name of New Registered Agent:	 .	
New Registered Office Address:	Enter Florida street address	
	. Flor	rida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	igent:	
hereby accept the appointment as registered agent and	d agree to act in this capacity. I furt	her agree to comply with th

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

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

Title AMBR	<u>Name</u> Blake Jones	<u>Address</u> 193 Splash Drive Inlet Beach, FL 32461	Type of Action
		<u> </u>	
			Remove
	Blake Jones, LLC.	193 Splash Drive	□ Change
AMBR	Diake Johes, LLV.	Inlet Beach, FL 32461	∃ Add
			Remove
			Change
		-	
			Remove
			Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			☐ Remove
			Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 3. 2019 Blade Jas
	Signature of a member or authorized representative of a member Blude horst Member of Blake Jones, L.C. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00