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OCT 14 2020

COVER LETTER

IO: Registration So Division of Cor			
SUBJECT: Prof	perties by Patr	ricia, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	Ü	
	Panagio	Name of Person	
		Firm/Company	
	1221 IST S	+. S. #9B Address	
	<u>Jacksonville</u>	C BCALH, FL 373 City/State and Zip Code	250
	Patricici / E-mail address: (C BCALH, FL 373 City/State and Zip Code NASTING 1 @ AMAI to be used for future annual report not the	heation)
For further information of	oncerning this matter, please ca	all:	
Panagiota Name o	Huiting 1 Person	at (724) 494 - Area Code Daytime	- 9593 e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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 Addres Registration		Street Address: Registration Sec	ation
Division of C		Division of Cor	
P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Properties (Name of the Limited 1)	Liability Company as it now appear Florida Limited Liability Company)	SON OUR records.)
The Articles of Organization for this Limited Liabi		INCOUNT 12, 20F1 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	esignation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis	stered office address on our ro ere:	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	da street address
_	City	, Florida Zip Code
	Cuy	ZIP COME

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>	Address 2: 55 -0 111 2: 55	Type of Action
AMBR	Corryattasting	1221 1st St. S. #9B	□Add
		Jacksonville Beach, FL3275	2 PRemove
			□Change
ABOBE	Spiro Pappair	184 cakulle Rol	⊠Add
		Beaver falls, PA-1590	□Remove
			□Change
			□ Add
			ПRетюче
			□Change
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			□Change

Page 2 of 3

	- 18 -1 f., 215;
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicate ment's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 60 ole statutory filing requirements, this date will not be list
ecord specifies a delayed effective date, but not a 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earl
<u>December 16</u> 2019	///
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