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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

DOWNTOWN PROPERTY INVILLO SUBJECT: 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: JAY A SHEPPARD Name of Person DOWNTOWN PROPERTY INVILLO Firm/Company 22 E JOHNSON AVE Address PENSACOLA FL 32534 City/State and Zip Code richrichardson2340@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAY A SHEPPARD 341-3839 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOWNTOWN PROPERTY INVILLO		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/19/2019	and assigned
Florida document number L19000211615		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviaton "L.L.C."
Enter new principal offices address, if applicable:		120 DE
Principal office address MUST BE A STREET ADDRESS)		C 2 F
		<u> </u>
		- Fi 2:
Enter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the na</u>	me of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	
	City	Zip 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

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	Type of Action
MGR	WILLIAM RICHARDSON II	22 E JOHNSON AVE PENSACOLA FL 32534	= Add
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effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be prior to da	ite of filing or more than 90 days afte	er filing.) Pursuant to 605.0
iment's effective date on the Depar	tment of State's records.	, , ,	
ord specifies a delayed effective da filed.	te, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after
D. 2000			
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		d representative of a member	