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COVER LETTER

TO:	Registration Security Division of Corp			
eu n ir		AS SPOKEN, LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Peter J. Munson, Esquire		
			Name of Person	
		Clark Campbell Lancaster	& Munson P.A.	
		 	Firm/Company	
		500 S. Florida Avenue, Su	ite 800	
			Address	
		Lakeland, Florida 33801		
			City/State and Zip Code	
		mark@hulberthomes.com		
		E-mail address: (to be used for future annual report notif	ication)
For furtl	her information co	oncerning this matter, please ca	all:	
Peter J.	Munson		863 647-5337	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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 ADDRESS:

TO:

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

PYTHIA HAS SPOKEN, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on August 21, 2019 and assigned
Florida document number L19000213716	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
PYTHIA PROPERTIES, LLC	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2019 SEC
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	·
	Enter Florida street address
	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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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