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TROPIC STATE

COVER LETTER

то;	Registration Sect Division of Corp			
SUBJI	ecre <u>Farsle</u>	y Baldwin Re Name of Limi	al Estate, LLC ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Jim Benson		
			Name of Person	
		·	Firm/Company	
		8300 Wiltshi	ire Drive	
		Port Charlos	tre, Florida 3398 City/State and Zip Code	<u>'l</u>
		It-mail address. to	to be used for future annual report notific	ation)
For fu	ther information cor	ncerning this matter, please ca	ail:	
<u>J:</u>	m Benson Name of 1		at (<u>941</u>) <u>270 - 2</u> Area Code Daytime	NIOZ
	Name of I	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	following amount:		
% \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$35.60 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 riting rice. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

,

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

Parsley Baldun R	eal Esta	nte, LLC	our records.)
(XI	Horida Limited I	iability Company)	
The Articles of Organization for this Limited Liabi	lity Company v	were filed on <u>9 - j</u>	3-19 and assigned
Florida document number L19003361	8		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limit <u>ed liabi</u>	lity company here:	÷
The new name must be distinguishable and contain the words	s "Limited Liabili	6 Company," the design	ation "LLC" or the antweviates "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A			3 <u>5 m</u>
Enter new mailing address, if applicable:		8300 W.	tshire Drive = 10tte, F4033981
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	Port Char	lotte, F4033981
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of	fice address on ou	
Name of New Registered Agent:	Jim Be	. <u>۸55n</u>	7
New Registered Office Address:	8300 W.	1+5hire Dri Emer Floridas	ve
-	Port Cha	clotte Chr	Fiorina <u>33981</u>

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Changing Registered Agent, Signature of New Registered Agent

Page Lof 3

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 Name | Address Type of Action James P. Bensen 8300 Wilrshire Drive DAW MER Port Charlotte, Florida DRemove _33981 @ Change ____ 🗆 Add _□ Remove _□ Change _□ Remove ☐ Change □ Add _____ 🗆 Remove

Page 2 of 3

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(If an effective date is light Mote: If the date instruction document's effective	ther than the date of filing: ted, the date must be specific and c erted in this block does not me date on the Department of Sta	cannot be prior to date of filing operations the applicable statutory fate's records.	iling requirements, this d	ling.) Pursuant to 6 late will not be l	isted as the
(b) The 90th day a	es a delayed effective da fter the record is filed.	te, but not an effectiv	e time, at 12:01 a.r	n, on the ear	rlier of:
Dated /2)	31/19	·			
		enther or authorized representa		·····	
		Seasons of Signed Inspect of Signe			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00