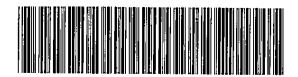
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I ALBRITTON

COVER LETTER

Div	ision of Corp	orations		
CHD IC/T.	LPC Destina	tion Properties LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Lexic Rivers		
			Name of Person	
		Prime Corporate Services		
			Firm/Company	
		12226 S 1000 E Ste #3		
			Address	
		Draper, UT 84020		
			City/State and Zip Code	
		llcsupport@primecorporate		
		E-mail address: (t	to be used for future annual report notifi-	cation)
For further is	iformation co	ncerning this matter, please ca	all:	
Lexie River	s		855 577-4639	_
-	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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)

Registration Section

TO:

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**

LPC Destination Properties LLC

(Name of the Limited Lia (A Flo	bility Company as it now appears on our raida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number 1.19000232221	y Company were filed on 09/13/2019	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words	Limited 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 AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		cords, enter the name of the new
Name of New Registered Agent:	···	
New Registered Office Address:	Enter Florida street c	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I handle against the appointment as we ristanced are	on and agree to zer in this conacity	I further deree to comply with the

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
AMBR	Priscilla Cabrera	15333 Sandy Hook Lu	
		Clermont, Florida 34714	■ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	e specific and cannot be pri c does not meet the appl	or to date of filing or mo licable statutory filing	(optional) re than 90 days after filing, requirements, this date) Pursuant to 605.020
record specifies a delayed e The 90th day after the record	ffective date, but r d is filed.	not an effective ti	me, at 12:01 a.m.	on the earlier o
September 24	2019	,		
Lourdes Dig				

Page 3 of 3

Filing Fee: \$25.00