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## **COVER LETTER**

Propwie, I	JLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vickie Patterson		
·		Name of Person	
	Propwie, LLC	Name of Federi	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1426 E Gadsden St		
		Address	
	Pensacola, FL		
	vpatterson@propwic.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	ication)
For further information c	oncerning this matter, please ca	all:	
Vickie Patterson	· ·	512 431-2267	
		at () Area Code Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Propwic, LLC		
(Name of the Limited L (A F	lability Company as it now appears on our lorida Limited Liability Company)	rcords.)
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on Nov 18, 20	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited 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 A		AR .:
		-2 SSE
		EFC T
Enter new mailing address, if applicable:		STA I
(Mailing address MAY BE A POST OFFICE BO)	<i></i>	<u> </u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		_, Florida
	Cip	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change.	nd complete performance of my duti ed agent as provided for in Chapter stered office address. I hereby confit	es, and I am familiar with and 605, F.S. Or, if this document is

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
		David Patterson	1426 E Gadsden St	
			Pensacola, FL 32501	
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				□Remove
				□Change
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