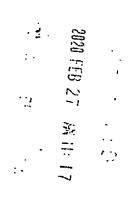
(Re	questor's Name)	
— (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:		erty Management LLC.					
	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:					
	Donald Leavelle						
Name of Person							
	Artesian Property Manag	gement LLC					
Firm/Company							
	2128 Bella Vista Way						
		Address					
	Port Saint Lucie, FL 349	52					
		City/State and Zip Code					
	josh leavell@gmail.com						
		to be used for future annual report notif	(cation)				
For further information co	oncerning this matter, please of	all:					
Donald Leavelle		305 3188491					
Name of	f Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for th	ne following amount:						
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address		Street Address:					

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

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

Artesian Property Management LLC					
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Compa	any were filed on _	2/10/2020	a	nd assiį	gned
lorida document number L20000047391					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited I	iability company h	ere:			
he new name must be distinguishable and contain the words "Limited L	iability Company," the	designation "LLC" or the	abbreviat	ion "L.L	.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS	<u> </u>				
				- · · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
					
 If amending the registered agent and/or registered offi igent and/or the new registered office address here: 	ce address on our r	ecords, <u>enter the na</u>	ime of th	he new	register
				20	
Name of New Registered Agent:			2 7	FEB	70
	· · · · · ·	······································		27	
New Registered Office Address:	Enter Flo	rida street address		≥	<u>:</u> 71
				1110	5
	City	Florida	-=Zin	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>	<u>Address</u>	Type of Action
MGR	Rodney Henson	5341 NW 79th Avenue, Doral FL. 33166	≣ Ad d
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			TRèmove
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							<u>2,</u>	9	
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specification in the must be specificated in the must be specified in the must be specif	fic and cannot be not meet the a	pplicable	ate of filing c statutory f	or more than iling requir	(optio 90 days after ements, this	filing.) Pursua	mt to 605 it be liste	0207 ed as t
e record specifies a delayed efferd is filed.	ective date, bu	it not an effect	ive time,	at 12:01 a.s	m, on the e	arlier of: (b)	The 90th	day after	r the
February 26th		2020	<u>—</u> .	D's	21, -				
	سے								

Filing Fee: \$25.00