L20000126916

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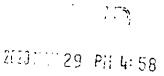
Tallahassee, FL 32314

	Registration So Division of Cor			
emb nez		enies 2, LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Robert Scott Walton		
			Name of Person	
		Law Offices of Robert S. V	Name of Person Iton, PL Firm/Company te 303 Address City/State and Zip Code om oe used for future annual report notification) 813 434-1960 at ()	
			Firm/Company	
		1304 S. De Soto Avenue,	Suite 303	
			Address	
	Tampa, Florida 33606			
			City/State and Zip Code	
		ahed.propertiesLLC@gmai		
		E-mail address: (to be used for future annual report noti	fication)
For further	r information o	concerning this matter, please c	all:	
Robert Sc	cott Walton			
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed	is a check for t	he following amount:		
≡ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	etion
	Registration Division of C		Registration Sec Division of Cor	
	P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AHED PROPERTIES 2, LLC

(<u>Name of the Limited Lial</u> (A Flor	hility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{L20000126916}{L20000126916}$		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 ADd	DRESS)	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	
	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 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>	Name	Address	Type of Action
			□Add
		-	□Remove
12			□ Change
			□Add
			□Remove
			□Change
			□Add
•			□Remove
			□Change
			□Add
			Remove
			Change
		. <u></u>	□Add
			Remove
			Change
			□ Add
			□Remove
			□Change

following: ahed.propertiesLL	.C@gmail.com.			
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		-	-	
-		<u> </u>		
ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blocument's effective date on the December 2.	t be specific and cannot be poock does not meet the app	olicable statutory filin		ng.) Pursuant to 605.0207 (
record specifies a delayed effectiv Lis filed.	e date, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ated May 26	2020			
ated	7 1			
M	J. /1/1/	No.		

Filing Fee: \$25.00