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ALLAHASSEE, FLORI

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COVER LETTER

TO: Registration Se Division of Cor				
	OPERTY MANAGEMENT L	LC	•	
SUBJECT:	Name of Lim	ited Liability Company	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ADRIAN MIDDLETON,	ESQ		
		Name of Person		
	SWORD & SHIELD LLC			
		Firm/Company	<u>-</u>	
	1437 MARKET ST			
		Address		
	TALLAHASSEE, FL 323	12		
		City/State and Zip Code		
	BIZ@SWORDANDSHIEL	D.COM to be used for future annual report n		
For further information of	e-mail address: (concerning this matter, please c	•	ourication)	
ADRIAN MIDDLETON	v, ESQ	850 815 0256		
Name o	of Person		time Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address:		
Registration Division of O		_	Registration Section Division of Corporations	
P.O. Box 632	27	The Centre o	f Tallahassee	
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.ED 2023 FTB 10 AM 9: 31

SOFLO PROPERTY MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida	Limited Liability Company)	E. FI
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on 6/3/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>ente</u>	r the name of the new register
New Registered Office Address:		
	Enter Florida street address	
	, F	Torida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered at being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, o gent as provided for in Chapter 605 ed office address, I hereby confirm t	and I am familiar with and , 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BARNETT BROWN	50 S POINTE DR	□Add
		MIAMI BEACH, FL 33139 UN	≅ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			🗖 Add
			Remove
			□Change
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			Change
			□Add
			Remove
			□ Change

	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to d. Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ate of filing or more than 90 days after filing.) Pursuant to 605.020
the record specifies a delayed effective date, but not an effective time, cord is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated FEBRUARY 10 2023	
Signature of a member or authorize	ed representative of a member
- Signature of a member of audiorax	on representative of a memore

Filing Fee: \$25.00