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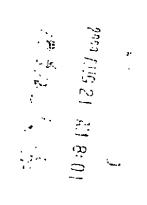
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COVER LETTER

TO: Registration Section

Division of Cor	porations			
LANDDEA				
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ADRIAN MIDDLETON.	ESQ		
		Name of Person	·····	
	MIDDLETON & MIDDL	ETON, P.A.		
		Firm/Company		
	1437 MARKET ST			
		Address		
	TALLAHASSEE, FL 323	12		
	6 1111111111111111111111111111111111111	City/State and Zip Code		
	forallbilling@gmail.com E-mail address: (to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:		
ADRIAN MIDDLETON	Ł ESQ	850 815-0256		
Name o	f Person	at () Area Code Dayti	ime 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 Addres Registration S	Section	Street Address: Registration S		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

51 1 mm 2 m 90 12: 03

LANDDEALS LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.20000169701}{1.0000169701}$	Company were filed on 06/18/2020	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	uted Liability Company," the designation "LLC" o	or the accreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
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:	d office address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
•	Cuy	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 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
MGR	ANNA CORINNE MIXON	1437 MARKET ST	
		TALLAHASSEE, FL 32312	
			□Change
MGR TOM GALLAGHER	TOM GALLAGHER	1437 MARKET ST	■Add
	TALLAHASSEE, FL 32312	□Remove	
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
		-	□Change
		·	□Add
			□Remove
			Change

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	citic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 es not meet the applicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed effective date. ord is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AUGUST 20	2020
Signatu	ire of a member or authorized representative of a member
APPLANATION CONTRACTOR	
ADRIAN MIDDLETON, ESQ	Typed or printed name of signee

Filing Fee: \$25.00