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Special Instructions to Fili	ng Officer:	

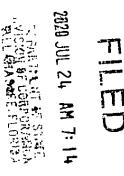
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COVER LETTER

TO: Registration Se Division of Cor			
	da Property Group LLC		
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:	
	Nakisha Sibley		
		Name of Person	
	North Flori	da Property Gra	IP LLC
	4029 Alfred Mill Ave.		
		Address	
	Jacksonville, Fl 32208		
		City/State and Zip Code	
	Nakishasibley@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
Nakisha Sibley		904 674-5107	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee,	F1, 52514	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North Florida Property Group LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/06/20}{}$ Florida document number L20000191976 This amendment is submitted to amend the following: 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Nakisha Sibley	4029 Alfred Mill Ave. Jacksonville,FL 32208	
			= Change
MGR	Cederin Gibson	7805 Siskin Ave. Jacksonville,Fl 32219	
			∐Remove
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		LIRemove	
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			□Change

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an effectiv <u>lote:</u> If th	date, if other than the re date is listed, the date mu he date inserted in this b s effective date on the D	st be specifie and lock does not n	eannot be prior neet the application				
record spe is filed.	ecities a delayed effectiv	ze date, but not	an effective ti	me, at 12:01 a.	m, on the earli	er of: (b) The	90th day after the
ited	121 111 - D	0.1.1	2020				
	_ y any man	Signature of a r	nember or autho	orized representa	tive of a membe		
			()				
	Nakisha Sibley	í		ed name of signe			

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