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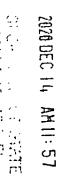
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COVER LETTER

Division of Cor			
Owen KCE SUBJECT:	BTITC		
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:	
	Claudine H. Owen		
		Name of Person	
		Firm/Company	
	257 N Bartram Trail		
		Address	
	Saint Johns, FL 32259		
	<u> </u>	City/State and Zip Code	
	RichAndClaudine@aol.con		
	E-mail address: (to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
Claudine H. Owen		904 635-599 at ()	7
Name o	d Person		ytime Telephone Number
Enclosed is a check for the	he 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	<u>ss:</u>	Street Address	<u>s</u>

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

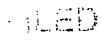
2020 DEC 14 AM 11: 57 Owen KBC, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company): The Articles of Organization for this Limited Liability Company were filed on $\frac{10/30/2020}{10/2020}$ and assigned Florida document number 1.20000345736 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: POGO Properties, LLC 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 re agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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 corprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this d being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lic 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 or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member



<u>Title</u>	<u>Name</u>	Address DEC 14 AM 11: 58	Type of Action
		<u> </u>	∃Add
			⊡Remove
			☐ Change
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an effective date is listed, the other of the date inserted.	than the date of filing:
record specifies a delaye Lis filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
December 10	2020
	Signature of a member or authorized representative of a member
	Claudine H. Owen
	Typed or printed name of signee