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A. RIVERS

NOV 0 9 2021

COVER LETTER

	on Section Corporations	•
SUBJECT:	Duary Property Management LLC Name of Elipited Liability Company	
The enclosed Arti-	es of Amendment and fec(s) are submitted for filing.	
Please return all co	respondence concerning this matter to the following:	
	Uncent Vaccaco Name of Person	
	Calvary Property Management LLC Firm/Company	
	4490 WESTUREN LANC	
	71400011e 71 32780 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further inform	ion concerning this matter, please call:	
<u></u>	at ()_ me of Person	
Enclosed is a chec	for the following amount:	
S25.00 Filing	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &
<u>Mailing</u> Registra	Idress: Street Address: on Section Registration Section	
	of Corporations Division of Corporations	
P.O. Bo		
Tallaha	ee, FL 32314 2415 N. Monroe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calvary Property.	Mangaemo	of LC	
Calcary Properties (Name of the Limited L.	iability Company as i Iorida Limited Liabilit	t now appears on our record y Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liabili		filed on <u>/2/21/</u> 3/2	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the	e limited liability c	ompany here:	
The new name must be distinguishable and contain the words	"Limited Liability Co	npany," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u>v</u>		·
B. If amending the registered agent and/or registagent and/or the new registered office address he		ss on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Neglatered Office Address.	· · · · · · · · · · · · · · · · · · ·	Enter Florida street addres	SS .
_		, Fl	orida
		ïty	Zip Code
New Registered Agent's Signature, if changing Regis	<u> </u>		2
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete perfo ed agent as provio stered office addr	rmance of my duties, a led for in Chapter 605,	nd 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>mgr</u>	Vincent Vaccata	4490 wedwen Lane	KAdd
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If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records. d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	Ø		
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Filing Fee: \$25.00