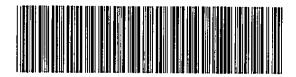
## h21000017010

| (Requ                        | iestor's Name)  |             |
|------------------------------|-----------------|-------------|
|                              |                 |             |
| (Addr                        | ess)            |             |
|                              |                 |             |
| (Addre                       | 966)            |             |
| (i loan                      | 533)            |             |
|                              |                 |             |
| (City/S                      | State/Zip/Phon  | e #)        |
|                              |                 |             |
| PICK-UP                      | ☐ WAIT          | MAIL        |
|                              |                 |             |
| (Busin                       | ness Entity Nar |             |
| (2001)                       | .000 2/////     | ne,         |
|                              |                 |             |
| (Docu                        | ment Number)    |             |
|                              |                 |             |
| Certified Copies             | Certificates    | s of Status |
|                              |                 |             |
| <del></del>                  |                 |             |
| Special Instructions to Fili | ing Officer:    |             |
|                              |                 |             |
|                              |                 |             |
|                              |                 |             |
|                              |                 |             |
|                              |                 |             |
|                              |                 |             |
| 1                            |                 |             |
|                              |                 |             |

Office Use Only



500385220795

04/11/22--01052--025 \*\*55.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

22 AFR 11 AM 8: 48

T. MATTHEWS APR 2 9 2022

## **COVER LETTER**

| TO:                         | Registration Se<br>Division of Cor |  |   |   |
|-----------------------------|------------------------------------|--|---|---|
| SUBJE                       |                                    | & Properties, LLC                            |   |   |
| SUBJE                       | C1                                 | Name of Lim                                  | ited Liability Company                      |   |
|                             |                                    | Amendment and fee(s) are sub                 | <u>-</u>                                    |   |
|                             | ·                                  | James Trippon                                | -   |   |
|                             |                                    |  | Name of Person                              | <del>.</del>  |
|                             |                                    | JM Trippon & Co CPA's                        |   |   |
|                             |                                    |  | Firm/Company                                | <del></del>   |
| 8588 Katy Freeway Suite 320 |                                    |  |   |   |
|                             |                                    |  | Address                                     | <del></del>   |
|                             |                                    | Houston, TX 77024                            |   |   |
|                             |                                    |  | City/State and Zip Code                     |   |
|                             |                                    | mcraig@trippon.com                           | to be used for future around remort natifi- | livetion V  |
| For furt                    | her information c                  | oncerning this matter, please or             |   | (Cattor)  |
| Travis                      | Rhoad                              | - '  | 713 661-1040                                |   |
|                             | Name of                            | f Person                                     |   | Name of Person  Firm/Company  Address  ty/State and Zip Code  used for future annual report notification)  at ( |
| Enclose                     | ed is a check for th               | ne following amount:                         |   |   |
| □ \$2:                      | 5.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status |   | Certificate of Status & Certified Copy  |
|                             | Mailing Addres                     | <u>s:</u>                                    | Street Address:                             | tion  |

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 11 AM 8: 48

| MJK Land & Properties, LLC   |  |                                    |
|--|--|------------------------------------|
| ( <u>Name of the Limited Liabi</u><br>(A Florid  | lity Company as it now appears on our r<br>da Limited Liability Company) | ecords.)                           |
| The Articles of Organization for this Limited Liability  | Company were filed on 01/05/2021   | and assigned                       |
| Florida document number L21000017010   | ·  |                                    |
| This amendment is submitted to amend the following:  |  |                                    |
| A. If amending name, enter the new name of the lin   | nited liability company here:  |                                    |
| The new name must be distinguishable and contain the words "Lin  | mited Liability Company," the designation                                | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | <del>-</del>   |                                    |
| Principal office address MUST BE A STREET ADD  | RESS)  |                                    |
|  |  | <u> </u>                           |
|  |  |                                    |
| Enter new mailing address, if applicable:  |  |                                    |
| Mailing address MAY BE A POST OFFICE BOX)  |  |                                    |
|  | <u></u>  |                                    |
|  |  |                                    |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | ed office address on our records, <u>e</u>                               | nter the name of the new regist    |
| generalidadi the new registered office address here.   |  |                                    |
| Name of New Registered Agent:  |  |                                    |
| •  |  |                                    |
| New Registered Office Address:   | Enter Florida street a   |                                    |
|  | nnier rioridu street a   | aaress                             |
| <del></del> -  | City   | , Florida<br>Zip Code              |
|  | Cujr   | 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 |
|--------------|------------------|--|----------------|
| Member       | Jamison K Kelley |  |                |
|              |                  | 1855 28th Avenue, Vero Beach, Florida, 32960 | ■Remove        |
|              |                  |  | □Change        |
|              | <del></del>      |  | □Ađd           |
|              |                  |  | □Remove        |
|              |                  |  | □ Change       |
|              |                  |  | □Add           |
|              |                  | <u> </u>                                     | □Remove        |
|              |                  |  | Change         |
|              |                  |  | 🗆 Add          |
|              |                  |  | □Remove        |
|              |                  |  | □Change        |
|              |                  |  | □Add           |
|              |                  |  | □Remove        |
|              |                  |  | □Change        |
|              |                  |  | 🗆 Add          |
|              |                  |  | □Remove        |
|              |                  |  | □ Change       |

|                     |   |                    |                  |                       |   |  | <del></del>                 |
|---------------------|---|--------------------|------------------|-----------------------|---|--|-----------------------------|
|                     |   |                    |                  |                       |   | <del> – – –</del>  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  | <del></del>           |   |  |                             |
|                     |   | <del></del>        |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  | _ <del>_</del> .            |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
|                     |   |                    |                  | <del></del>           |   |  |                             |
|                     |   |                    |                  |                       |   |  |                             |
| ote: If             | e date, if other than t<br>tive date is listed, the date r<br>the date inserted in this<br>it's effective date on the | block does not n   | neet the applica | o date of filing or a | (o<br>more than 90 days<br>ng requirements, | <b>ptional)</b><br>after filing.) Pursuant<br>this date will not b | to 605.0207<br>be listed as |
| ecord s<br>is filed | specifies a delayed effec<br>l.   | tive date, but not | an effective tir | ne, at 12:01 a.m.     | on the earlier of                           | (b) The 90th day   | after the                   |
|                     | March 5   |                    | 2022             |                       |   |  |                             |
| ated                |   |                    |                  |                       |   |  |                             |
| ated                | Millely   |                    |                  |                       |   |  |                             |
| ated                | Millih  | Signature of a r   | nember or autho  | rized representativ   | e of a member                               |  |                             |

Filing Fee: \$25.00