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COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT:	FREIND	S PLUS PROPERTY LLC		
JOBSECT	-	Name of Lim	ited Liability Company	<u> </u>
The enclosed A	Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		CAROLYN M BABAS		
			Name of Person	·
		FRIENDS PLUS PROPER	TY LLC	
			Firm/Company	
		804 65TH AVENUE DRIV	/E WEST	
			Address	
		BRADENTON, FLORIDA	34207	
			City/State and Zip Code	
		affairsintheairine@gmail.co	m	
		E-mail address: ()	to be used for future annual report notif	ication)
For further info	ormation co	oncerning this matter, please co	all:	
Carolyn M Ba	bas		941 650-4748 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	check for th	e following amount:		
■ \$25.00 Fil	ling 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

FRIENDS PLUS PROPERTY 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 v	vere filed on <u>02/10/20</u>	21	and assigned
Florida document number L21000071410			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designat	ion "LLC" or the abl	previation "L.L.C."
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)			
THE PARTY OF THE P			
B. If amending the registered agent and/or registered office adapent and/or the new registered office address here: Name of New Registered Agent:	ldress on our record		
New Registered Office Address:	Enter Florida str	vat addrace	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my di ovided for in Chapte	ities, and I am for er 605, F.S. Or, i	imiliar with and 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
MGR	LOCKHART, CAROLE A	716 65TH AVE. DR. W.	□Add
		BRADENTON, FLORIDA 34207	■Remove
			□Change
MGR	WATKINS, ELIZABETH J	716 65TH AVE. DR. W.	□Add
		BRADENTON, FLORIDA 34207	■ Remove
			□Change
			□Add
			Remove
			□Change
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Filing Fee: \$25.00