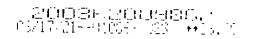
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(Requestor)	s Name)
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
☐ SICK-1-3	ÁIT MAIL
(Business E	ntity Name)
(Document	Number)
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M SULKET MAR 1.7 2021

: COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Sond B Presignous Name of Limited I	Tryestment Properties LCC.			
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Shee	Name of Person			
	Firm/Company			
4150 Appal	Oosa Rd Address			
Middleburg Ci Sheenac 35 @ E-mail address: (10 be	ty/State and Zip Code LA MOD. COM used for future annual report notification)			
For further information concerning this matter, please call:				
Sheena Cason Name of Person	at (904) 520-0514 Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:				
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sord B Presh Gills P. (Name of the Limited Liability Con (A Florida Limited)	nve Sment Triper npany as it now appears on our records.) ed Liability Company)	les LC	-
The Articles of Organization for this Limited Liability Compa Florida document number <u>LZ100 () 10045</u> [any were filed on 3 2 2 1	and ass	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lines of the lines of t	ients LLC	ne abbreviation "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)			
B. If amending the registered agent and/or registered offic	ce address on our records, enter the n	name of the new	registered
agent and/or the new registered office address here:		;;; ;;;	-7
Name of New Registered Agent:		- - 4	
New Registered Office Address:	r. Cl. /	HA AL	
	Enter Florida street address	3 FL 3 IVIE 3 I 15	40m2*
	, Florida	Zin 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

Title	Name	Address	Type of Action
<u>Mar</u>	Sheena Cason	4150 Applossa P.L. 32	CARemove
			□Change
<u>Amar</u>	Brian Greene	4150 Appalousa Rd	[] Add
		4150 Appalousa Rd Middleburg FL 3206	Remove
			□Change
			Remove
			Change
			🗆 Add
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		<u> </u>	□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated March 17 _. 2021. Signature of a member or authorized representative of a member Sheena Cason
Typed or printed name of signee

Filing Fee: \$25.00