## 421000100451

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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D COMMENT

## **COVER LETTER**

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TO:

Registration Section

Tallahassee, FL 32314

| Division of Corpo                 | rations                                    |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|
| 1<br>subject: <u>586</u>          | Real Proper                                | ted Liability Company  | ients uc   |  |  |  |  |
| The enclosed Articles of Ar       | nendment and fee(s) are subr               | nitted for filing.   |  |  |  |  |  |
| Please return all correspond      | ence concerning this matter t              | o the following:   |  |  |  |  |  |
|                                   |  |  |  |  |  |  |  |
|                                   | Sh   | Pern Casin   | <u> </u>   |  |  |  |  |
|                                   |  | Name of Person   |  |  |  |  |  |
|                                   |  |  |  |  |  |  |  |
|                                   |  | Firm/Company   | <del></del>  |  |  |  |  |
|                                   | 11532                                      | Brian Lakes  | Dr   |  |  |  |  |
|                                   | ((333)                                     | Brian Lakes Address  |  |  |  |  |  |
|                                   | Jacksu                                     | City/State and Zip Code  S 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 12221  |  |  |  |  |
|                                   | Charge Cas                                 | City/State and Zip Code  | l aam  |  |  |  |  |
|                                   | E-mail address: (1                         | o be used for future annual report notif                         | ication)   |  |  |  |  |
| For further information con       | cerning this matter, please ca             | all:   |  |  |  |  |  |
| Sheep Name of F                   | erson                                      | at (AM) 520<br>Area Code Daytime                                 | ST U   |  |  |  |  |
|                                   |  | •  | ·  |  |  |  |  |
| Enclosed is a check for the       | following amount:                          |  |  |  |  |  |  |
| □ \$25.00 Filing Fee              | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |  |
| Mailing Address:                  |  | Street Address:  | otion  |  |  |  |  |
| Registration Se<br>Division of Co |  | Registration Section Division of Corporations                    |  |  |  |  |  |
| P.O. Box 6327                     |  | The Centre of Tallahassee  |  |  |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 586 Real P  | roperty Invesments UC  |
|---|--|
| ( <u>Name of the Limited Liability Cordina</u><br>(A Florida Limited L  | ny as it now appears on our records.)<br>iability Company)   |
| The Articles of Organization for this Limited Liability Company Florida document number 4210010451.   | were filed on $3   62   2  $ and assigned  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi  |  |
| The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  *Principal office address MUST BE A STREET ADDRESS*)  | 1403 Dunn Ave ste 2<br>Jacksnville FL 32218  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | 5594 Village Pond CIR<br>Jacksmille FL 32222   |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:   | address on our records, <u>enter the name of the new registered</u>  |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address   |
| <del></del>   | City Florida City Code   |
| New Registered Agent's Signature, if changing Registered Agent:   | P ≥ m  |
| I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, 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

| Title  | Name         | Address             | Type of Action |
|--------|--------------|---------------------|----------------|
| Marage | Sheena Casin | 5594 Villiage Rund  | Add □Add       |
| j      |              | Jacksmille FL 32222 | □Remove        |
|        | KCG. C.      |                     | _ GChange      |
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| lf an effect<br><u>Note:</u> lf | e date, if other<br>tive date is listed, to<br>the date inserted<br>the effective dat | the date must be sp<br>d in this block d | ecific and ocs not m | cannot be preect the app | licable stati                         |                | than 90 day    |            |                                       |        |
| e record s<br>rd is filed       | specifies a delay<br>L  | ed effective date                        | , but not a          | an effective             | time, at 12                           | 2:01 a.m. on   | the earlier    | of: (b) Th | e 90th day afte                       | er the |
| Dated                           | Jan.  | 21                                       | <del>~ ,</del>       | <u> Zo</u>               | <u>22</u> ,                           |                |                |            |                                       |        |
|                                 |   | Sign                                     | Hure of a m          | nember or au             | thorized rep                          | resentative of | a member       |            |                                       |        |
|                                 |   | 9. <u>g</u>                              | 2 14                 |                          | тъ тър                                |                |                |            |                                       |        |

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Filing Fee: \$25.00