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Office Use Only



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## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
SUBJE	CT: <u>Gre</u> o	+ Properties Sw Name of Limited	cerbly Lauded L Liability Company	-LC
The enc	losed Articles of	Amendment and fee(s) are submit	ted for filing.	
Please r	eturn all correspo	ndence concerning this matter to t	he following:	
		Bergemy	Jean Denis Name of Person	
			Firm/Company	
		8837 Scenic	Vista Ct.	<u>.                                    </u>
		Orlando, Fl	orida 32818 Tity/State and Zip Code	
			organy 12 Qyaho	o, com
For furth	ner information ec	oncerning this matter, please call:		- - 
_B	Name of	Jean Denis Person	at ( <u>#07</u> ) <u>914 - 8</u> Area Code Daytime	547 Telephone Number
Enclosed	l is a check for the	e following amount:		
□ \$25.	00 Filing Fee	✓ \$30.00 Filing Fee &	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Great Properties 5	Superbly La	uded LLC
(A Florida Limit	ted Liability Company)	100,03
The Articles of Organization for this Limited Liability Compa	any were filed on <u>03</u>	/17/2021 and assigned
Florida document number <u>L 2 1000127004</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	fiability company here:	
De Nobles LLC	is submitted to amend the following:  name, enter the new name of the limited liability company here:  De Nobles L. C.  the distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" or the abbrev	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS,	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our recor	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
	City	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 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
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			□Remove
			□Change
			□Add
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<b>Sective date, if other t</b> in effective date is listed, the date inserted is unment's effective date.	a date must be specific and in this block does not i	d cannot be prior to date one of the date of the applicable state.	of filing or more than 90 of dutory filing requirem	_ (optional) lays after filing.) Pursuant to ents, this date will not be	605,0207 listed as (
ecord specifies a delayed is filed.	l effective date, but no	t an effective time, at	12:01 a.m. on the earli	er of: (b) The 90th day:	after the
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red <u>5/8/2</u>	D) 3carl	Denis			
ted <u>5/8/2</u>	Signature of a	member or authorized re	presentative of a membe	r	-