## K21000234857

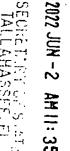
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ATK Patterson Properties LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Palmella Anderson Name of Person
AJK Patterson Properties LLC Firm/Company
110653 V8th STN Address
Loxahatchee, J.F. 33470 City/State and Zip Code
E-mail address: (No be used for future annual report notification)
For further information concerning this matter, please call:
Palmeija Anderson at (56) 360-8504  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

FILED

AJK Patterson P	coperties LL 2022 JUN-2 AMII: 35
(Name of the Limited Liability Com (A Florida Limite	pany at it now appears on our records.) d Liability Company)  SEUNE FARY UN STATE
	TALL AHASSEE FL
The Articles of Organization for this Limited Liability Compar	y were filed on 3 (3 40 2) and assigned
Florida document number L 21000 234857	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the 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)	
	e address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent: Palme	2110 1-10 docson
New Registered Office Address: \(\(\chi\)\(\chi\)\(\sigma\)	Enter Florida street address
Lovat	Atchei Florida 33470
	The Cone

## 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 Address Type of Action 16683 68th STN DAD Loxabatcher, 4P. 33470 (Remove AMBR Townsend JR 1109 W 3547 ST DAdd Diviera Bch 41.33404 Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add ☐ Change □Add \_\_\_\_\_\_ □Remove \_\_\_\_ □Add □Remove \_\_\_\_\_ □Change

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Note: If the date inserted in the document's effective date on t				ole statutory	filing require	ments, this c	late will n	ot be lis	ted as th
he record specifies a delayed efford is filed.	ective date, b	ut not an e	ffective tim	e, at 12:01 a	.m. on the ca	rlier of: (b)	The 90th	day aft	er the
Dated May 7	.Н	,2	1027	<del>-</del>					
	Signature	e of a memi	per or authori	zed representa	ative of a mem	ber	_	<del></del>	
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