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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

| | Registration S Division of Co | | | • • |
|--------------------------|----------------------------------|--|---|---|
| SUBJEC | | kers Properties LLC | | |
| SUBJEC | 1: <u></u> | Name of Lin | nited Liability Company | |
| The enclo | sed Articles of | f Amendment and fee(s) are sul | omitted for filing. | |
| Please ret | urn all corresp | ondence concerning this matter | to the following: | |
| | | Anthony Lamar Brown Jr. | | |
| | | | Name of Person | |
| | | A L Brown Properties LLG | | |
| | | | Firm/Company | |
| | | 11827 Crooked River Rd | | |
| | | | Address | |
| | | Jacksonville, FL 32219 | | |
| | | | City/State and Zip Code | |
| | | Streetstalkers.properties@g E-mail address: (| mail.com to be used for future annual report notifical | tion) |
| For further | r information c | concerning this matter, please c | · | , |
| Anthony L | amar Brown J | г. | 904 697-0200 | |
| Name of Person | | f Person | at () Area Code Daytime Te | lephone Number |
| Enclosed is | s a check for th | he following amount: | | |
| \$25.00 |) Filing 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) |
| \overline{R} | ailing Addres | Section | Street Address: Registration Sectio | |
| Division of Corporations | | | Division of Corpor | ations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Street Stalkers Properties LLC | | | |
|--|--|---|--|
| (Name of the Lin | nited Liability Comp (A Florida Limited | any as it now appears on our recordinately. Liability Company) | ds.) |
| The Articles of Organization for this Limited Florida document number L21000402667 | | | |
| This amendment is submitted to amend the fo | llowing: | | |
| A. If amending name, enter the new name | of the limited liab | pility company here: | |
| A L Brown Properties LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liab | lity Company," the designation "LLC | 2" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | N/A | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | |
| B. If amending the registered agent and/or agent and/or the new registered office address. | | address on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | N/A | | · . |
| | | Enter Florida street addres | ************************************** |
| | | , Flo | orida |
| | | City | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | . 22 |

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| ALM | NA | -NA | □Add |
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| fan effective <u>Note:</u> If the | | ate must be specific this block does n | e and cannot be pri not meet the appl | icable statutory | | | rsuant to 605.0207 (I not be listed as t |
| record spec d is filed. | cifies a delayed ef | Tective date, but | not an effective | time, at 12:01 a | i.m. on the earli | er of: (b) The 90 | oth day after the |
| Septe | mber 20 | | , 202 i | · | | | |
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| Dated | arthoni | 1 2. V. | Jrown. | 1/4 · | | | |
| Pated | arthoni | Signature of | of a member or aut | horized represent | ative of a member | 7 | |

Filing Fee: \$25.00