h21000493359

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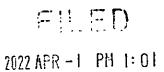


COVER LETTER

TO:	Registration Se Division of Co		·	
CUBIE		LE PROPERTIES, LLC		
SUBJEC	UI:	Name of Lin	nited Liability Company	·
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MICHAEL D. TIDWELL		
			Name of Person	
		IBERVILLE PROPERTIE	ES, LLC	
			Firm/Company	
		105 BEACH DRIVE		
			Address	
		GULF BREEZE, FL 3256	1	
			City/State and Zip Code	
		mtidwell@emeraldcoasttitle		
		E-mail address: (to be used for future annual report n	otification)
For furth	er information (concerning this matter, please c	all:	
місна	EL D. TIDWEL	.L	850 972-1100 at()	
	Name o	of Person	Area Code Dayı	ime Telephone Number
Enclosed	l is a check for t	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)
Mailing Address: Registration Section Division of Corporations		Street Address: Registration S Division of C		
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



IBERVILLE PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

	pany were filed on 11/16/2021	and assigned
Florida document number L21000493359		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	O" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
manny warts shir bishir our of the bony		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:	5 51 11	
New Registered Office Address:	Enter Florida street addre.	
New Registered Office Address:		
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	, F1	oridaZip Code

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	<u>Name</u>	Address	Type of Action
MGR	DOUGLAS D. TIDWELL	811 N. SPRING STREET	≣Add
		PENSACOLA, FL 32501	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
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			□Change
			□ Add
			□Change

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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the D	lock does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.02 atutory filing requirements, this date will not be listed
ne record specifies a delayed effectivord is filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after th
Dated MARCH 15	2022	
	1	
	// /	

Filing Fee: \$25.00

Typed or printed name of signee