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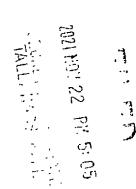
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO: Registration S Division of Co					
MARSHF SUBJECT:	IELD PROPERTIES LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	HANJING SHU				
	<u></u>	Name of Person			
	MARSHFIELD PROPER	TIES LLC			
	_	Firm/Company			
	701 ANASTASIA BLVD.				
		Address			
	SAINT AUGUSTINE, FL	32080			
	MARSHFIELDPROP@GN	City/State and Zip Code			
		to be used for future annual report notif	lication)		
For further information	concerning this matter, please ca	ıll:		2021 NOV 22	
HANJING SHU		904 377-8006 at ()		EL E	4
Name	of Person	Area Code Daytime	e Telephone Number	22 PK	
Enclosed is a check for	the following amount:			<i>ာ့</i>	ام الحد
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co)	of Status &	

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

MARSHFIELD PROPERTIES LLC

n NOVEMBER 17, 2021 and assigned
n NOVEMBER 17, 2021 and assigned
ny here:
the designation "LLC" or the abbreviation "L.L.C."
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our records, <u>enter the name of the new register</u>
r Florida street address
Florida
Zip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PEIRAN SHU	701 ANASTASIA BLVD.	□Add
		SAINT AUGUSTINE, FL 32080	■Remove
			□Change
			□Add
		- -	□Remove
			□Change
			□ Add SSS □ Remove
			Change 13
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fective date, if other than the date o	11/19/20: f filing:		(0)	otional)	
an effective date is listed, the date must be spec ote: If the date inserted in this block doe	ific and cannot be pri	or to date of filing o	or more than 90 days a	fter filing.) Pursuant t	o 605,0207
ocument's effective date on the Departme	nt of State's record	icable statutory t ls.	ining requirements.	inis date will not o	e fisteu as
record specifies a delayed effective date, b	out not an effective	time, at 12:01 a.	m, on the earlier of:	(b) The 90th day	after the
is filed.					
NOVEMBER 19	2021				
nted		·			
	\neg				

Filing Fee: \$25.00

Typed or printed name of signee