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T. MATTHEWS
JAN 2 1 2022

## **COVER LETTER**

TO: Registration S Division of Co			
	Real Estate 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:	
	Jaime L Coleman		
		Name of Person	<del></del>
	Coleman Real Estate Prop	erties, LLC	
		Firm/Company	
	2403 W Socrum Loop Rd		
		Address	
	Lakeland, FL 33810		
	jcoleman72@tampabay.rr.c	City/State and Zip Code com	
	E-mail address: (	to be used for future annual report no	vilication)
For further information	concerning this matter, please c	all:	
Jaime L Coleman		863 860-5097 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	the 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 Addre Registration		Street Address: Registration S	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Coleman Real Estate Properties, LLC

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

The Articles of Organization for this Limited Liabili	ty Company were file	d on 12/21/21	and assigned
Florida document number L21000534783	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability com	pany here:	
The new name must be distinguishable and contain the words	"Limited Liability Compa	ny." the designation "L	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A)			
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
Thuring uniters DIAT BE ATOST OTTICE BOX	<u> </u>	<del></del>	
	<del></del>		
B. If amending the registered agent and/or regist	tered office address o	n our records, ent	er the name of the new registere
agent and/or the new registered office address he			
Name of New Registered Agent:			
New Registered Office Address:			
		Inter Florida street add	ress
			Florida
_	City		Florida Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi- company has been notified in writing of this char	nd complete perform ed agent as provided stered office address,	ance of my duties. for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

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
P	Jaime L Coleman	2403 W Socrum Loop Rd Lakeland, F	L 33810 ■Add
			□Remove
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Filing Fee: \$25.00

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Filing Fee: \$25.00