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| Certified Copies | _ Certificate | es of Status |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: FAD 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: |
| Adam J White |
| FAD Properties LLC |
| 201 N Pace Blud. Pense. Address |
| Personal, FL 32505 City/State and Zip Code CSC. Cichite & gmail, com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (850) 601-0787 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$355.00 Filing Fee & □ \$60.00 Filing Fee. □ \$60. |

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

| FAD Proper | | | PH 3: 40 |
|--|---------------------------|-----------------------------|----------------------|
| (Name of the Limited Liability Compa (A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number <u>L22000113745</u> | -3- | 04 /22 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the design | nation "LLC" or the abbre | riation "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" | Ø | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our recor | ds, <u>enter the name o</u> | f the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida st | treet address | |
| | | , Florida | |
| | City | , 101884 | Zip Code |

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 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 | Simmons, Fred | 29 Via De Luna dr. | □Add |
| | | Persocola Beach, FL | Remove |
| | | 32561 | □Change |
| | . | | |
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| Note: If t | date, if other than the date of filing: |
| document | |
| | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |