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Fax Number : (850)617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

Account Number : 076666002140 Phone

: (727)461-1818

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COVER LETTER

TO:	Registration S Division of Co			H22000301041 3
SUBJE		PERTY, LLC		
20045	Cr	Name of Lie	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are su	amitted for filing	
		ondence concerning this matte	•	
		HARVEY A. FORD, ESC) .	
			Name of Person	
		JOHNSON, POPE, BOKI	ER, RUPPEL & BURNS, LLP	
			Firm/Company	
		490 IST AVENUE SOUT	TH, SUITE 700	
			Address	28
		ST. PETERSBURG, FLO	RIDA 33701	
			City/State and Zip Code	DECRETARY HASSE
		ELAINAS@JPFIRM.COM		Tilab 🗫
Pau Kaab			to be used for future annual report notifica	tion) Ax 8: 51
		oncerning this matter, please o	all:	<u> </u>
HARVE	Y A. FORD, ES		727 999-9900 at ()	,,
	Name of	f Person	Area Code Daytime To	clephone Number
Enclosed	is a check for th	e following amount:		
■ \$ 25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
I I I	Mailing Address Registration S Division of Co P.O. Box 6327 Fallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810

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

H220003010413

8122 PROPERTY, LLC				
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears d Liability Company)	s on our records.)	-	
The Articles of Organization for this Limited Liability Compan	ly were filed on AU	GUST 18, 2022	and ass	signed
Florida document number L22000361903				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lin	bility company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited List	pility Company," the de	signation "LLC" or the abb	oreviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			14.41	
· -	- 11-			75
			17177	- \S
Enter new malling address, if applicable:			경취	1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	77	
VIII BUN				_ <u>==</u>
			3::	- 25
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rea	cords, enter the name	of the new	– v register
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		Zip Code	
Yew Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agr	ee to act in this ca	ipacity. I further agre	e to compi	ly with th

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

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<u>Title</u>	Name	Address	Type of Action
MGR	BHATHAL INVESTMENTS, LLC	2739 VIA CAPRI, UNIT 1020	∏∆dd
		CLEARWATER, FLORIDA 33764	-
			□Change
MGR	SKY LIFE INVESTMENTS, LLC	100 PIERCE STREET, UNIT 910	
		CLEARWATER, FLORIDA 33756	≅Remove
MCD			☐ Change
MGR ———	AMANPREET BHATHAL	2739 VIA CAPRI, UNIT 1020	🔁 Add
		CLEARWATER, FLORIDA 33764	□Remove
			© Change
MGR 	BRETT REUTER	100 PIERCE STREET, UNIT 910	= Add
		CLEARWATER, FLORIDA 33756	_
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ocument's effective date on the Department of State's records.	-6 requirements, this date will not be lis	ted as the
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ated Soptember 2022		
Signature of a number or authorized representative		

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