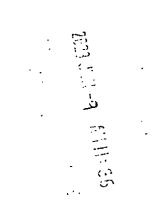


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Seminole P	roperty Management, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mary Lowen			
	Name of Person			
	Seminole Property Management, LLC			
	Firm/Company			
	104 Raintree Dr			
		Address		
	Longwood, FL 32779	•		
		City/State and Zip Code		
	mtlowen@gmail.com			
		to be used for future annual report notif	ication)	
For further information of	oncerning this matter, please co	all:		
Mary Lowen		407 919-8970 at ()	Telephone Number	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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 Addres		<u>Street Address:</u>		
Registration S		Registration Sec		
Division of C P.O. Box 632		Division of Cor The Centre of T		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seminole Property Management, 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 Liability Company were filed on 5-11-2023 and assigned Florida document number L23000234037 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" or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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	Name	Address	Type of Action
MGRM	Mary Lowen	104 Raintree Dr. Longwood, FL 32779	
			□Remove
			Change
			□ Add
			□Remove
			Change
		 	□ Change
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			□Change
<u></u>			DAdd
			□Remove
			□Change
			□Add
			□ Remove
			□Change

* I only need my title change	d from MGR to MGRM. thank you.	
		25,
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ective date, if other than the effective date is listed, the date in	ne date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 605.
e. If the date inserted in this i	block does not meet the applicable statute Department of State's records.	ory filing requirements, this date will not be liste
cord specifies a delayed effect	ive date, but not an effective time, at 12:0)1 a.m. on the earlier of: (b) The 90th day after
s filed.		
June 6	2023	
M	Signature of a member or authorized repres	
17 10 11	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Filing Fee: \$25.00