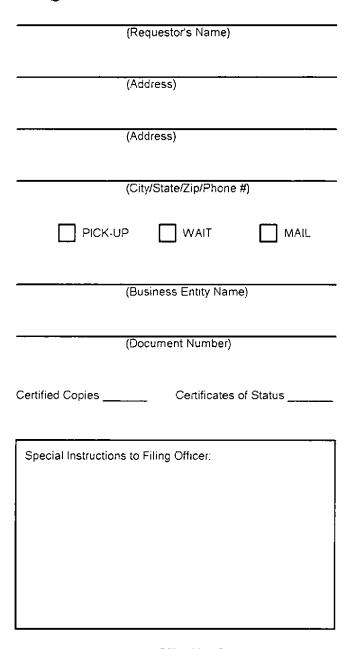
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Office Use Only



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01/23/24--01012--029 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LOUDERMICKS PROPERTY MANAGEMENT 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:
BRANDON M. LOUDERMILK Name of Person
Firm/Company
7986 10320 AVE
Address
VERO BUACH, FL 32967 City/State and Zip Code LOVINO P. 20 (2004) 60 (1004) 60 (1004)
City/State and Zip Code LOUDOZMICK — BRANDON & UAHOO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BRANDON M. LOUI) CRMILK at 772 663 - 2596 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOUDEMILKS PROPERT	MANAE MANAE	REMENT records)		
(Name of the Limited Liability Company (A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number 42400018712	1/0	$\sqrt{2024}$ and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab LOUDERMILK'S PROPERTY MAI The new name must be distinguishable and contain the words Limited Liabi	NAGEMENT			
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)		23 PM 6: 00 EANASSEF FI		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	, enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City·	, Florida 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 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>		<u>Address</u>			ype of Action
MGR	BRANDOR	IM. COUDAM	<u>UK 7986</u>	103 AR VERD	BEACH	MAdd
			FL 52	767		□Remove
	4 . 1			1 200		□Change
MGR	ALYSSE	D. Louidalmick	7986	03 AVE VO	& BEACH	□Add
			FL 32	2967		Remove
						(Change
	 					□Add
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						Remove
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If an eff Note:	ve date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	JANUARY 18Th 2024
	Signature of a member of authorized representative of a member
	A promise of a medical by against representative of attremost

Filing Fee: \$25.00