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TILE I

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	MOURS Property Name of Lim	Management med Liability Company	14	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		HE Anno		
		Denise Dr	lagement (CC	
	Mellow	Address Address Address Address City/State and Zip Code		
	Armours proper	4 Magrement Co	Guall. Com	
For further information co	oncerning this matter, please ca	alt:		
- Myle Name of	Person	at (32_(_)3q	3-9859 ne Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy of enclosed	77
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee. F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	retion porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Armours Property Mas	
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liabilit	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L24000095471</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability of the liability of the liability of the liability of the liability o	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "L1.C" or the abbreviation "L.1C."
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 addre agent and/or the new registered office address here:	s on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida SZip Ede
New Registered Agent's Signature, if changing Registered Agent:	A SYMPH TO S
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office addressing the been notified in writing of this change.	rmance of my duties, and I am familiar with and the ed for in Chapter 605, 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>	<u>Address</u>	Type of Action
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Effective date.	if other than the	e date of filing:			(option:	SECT SECT	Tİ
Note: If the dat	e inserted in this b	lock does not med	et the applicable	ite of filing or more statutory filing re	than 90 days after till quirements, this d	inga Fursuan ce	605.02 <u>024</u> 3)(listed a 5 the
document's effe	ctive date on the E	Department of Stat	te's records.				D Property
					he carlier of: (h)	SEF	
o accord georiffa rd is filed.	r.e <u>. dalayad etteeti:</u>	e date, but not ar	<u>reflective time</u>	at 12-01 a.m. on t	he earlier of: (h)	The Voltagiay	S S
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Dated	3.3-20 in Vi	Signature of a mer	nher or authorized	I representative of a	member		_