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M. SOLOMON

OCT 17 2024

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Registration Section

To:

TO:

COVER LETTER

Division of Cor	porations			
	E PROPERTY MANAGEMEN	T LLC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	Mike Town			
		Name of Person		-
	Legalzoom.com, Inc.			
		Fиm/Company		
	9900 Spectrum Dr			024 C
		Address		
	Austin, TX 78717			73.50
	secompropertieslle@gmail.c	City/State and Zip Code		2024 OCT 17 PM 3: 11
	E-mail address: (to	o be used for future annual report notifi	cation)	THE PARTY OF THE P
For further information of	concerning this matter, please ca	II·		
Mike Town		800 773-0888		
Name c	d Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	■ \$55.00 Filing Fee &	□ \$60.00 Fil	ing Fee.
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	ING ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Compa (A Florida Limited)	inv as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited I Florida document number 1.24000230279	iability Company	were filed on L240002	230279	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
h desired half and		his Common "this doctors	tran M. I. C. Fresher skle	minten of LC"
-		183 THIS WAY	non ele or me apor	eviation 1212 C.
s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: inclining address, if applicable: inclining address MAY BE A POST OFFICE BOX) FREEPORT, FL 32439 FREEPORT, FL 32439				
				20%
nter new mailing address, if applicable:		183 THIS WAY		100 "9
Mailing address MAY BE A POST OFFICE	(Name of the Limited Liability Company as it now appears on our records.) (A Flonda Limited Liability Company) anization for this Limited Liability Company were filed on L24000230279 and assigned tumber L24000230279 submitted to amend the following: me, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" all offices address, if applicable: 183 THIS WAY FREEPORT, FL 32439 address, if applicable: 183 THIS WAY FREEPORT, FL 32439 THE POST OFFICE BOX) FREEPORT, FL 32439 THE registered agent and/or registered office address on our records, enter the hampof the new address here: Seew Registered Agent: Stered Office Address: Linited States Corporation Agents, Inc. EmerFloridastrectordress Jacksonville Florida 32202			
			records. enter (က် ကို
Name of New Registered Agent:	United States C	orporation Agents, Inc.		
New Registered Office Address:	476 Riverside A			
	Jacksonville	EnterFloridastro	122)2
		City	, 1 10111114	ZipCode

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.

Erik Treutlein, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

If Changing Registered Agent, Signature of New Registered Agent

Tik Treedlein

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Elizabeth Johnson	183 THIS WAY FREEPORT, FL 32439	
			☐ Remove
			Change
AMBR	Andrew Todd Smith	110 Gulf Shore Dr. #224 Destin, FL 32541	∃ Adð
			☐ Remove
			Change
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LegalZoom.com, Inc.

From, Sangeeta Majumdar

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