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COVER LETTER

TO:

Registration Section

Divis	ion of Corpe	orations		
CHDICZT.	SDM	PROPERTIES,	L .(.C	
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed a	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspone	dence concerning this matter	to the following:	
ELOISA FERRO MORALES Name of Person				
		SOM PI	COPERTIES LLC	
		737_A	1. Greenway	prive
		(ORA)	GABUS FL	. 33/34
		elo isa	City/State and Zip Code City/State and Zip Code Code Maxiforce to be used for future annual report not	
For further inf	ormation con	E-mail address: (accrning this matter, please co		utication)
			at (<u>786)</u> 636 Area Code Daytir	- 1852
	Name of F	Person	Area Code Daytir	ne Telephone Number
Enclosed is a c	check for the	following amount:		
□ \$25.00 Fil	ling 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

50M	Jability Company as it now appears on our records.) Florida Limited Liability Company)
(<u>Name of the Limited Li</u> (A Fl	Jiability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>LO2000</u> /9	lity Company were filed on $\frac{6/11/02}{4568}$ and assigned
This amendment is submitted to amend the followin	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "Ld.C."
Enter new principal offices address, if applicable <i>Principal office address MUST BE A STREET Al</i>	3752
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	E GRATE OR STATE OR S
registered agent and/or the new registered office	
Name of New Registered Agent:	ELOISA FERRO MORALES
New Registered Office Address:	ELOISA FERRO MORALES 737 N. Green Way Dave Enter Florida street address
_	Concil Gables Florida 33/3 4 City 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 Title Type of Action MIGR Eloisa Fenro Morales 139 N. Greenway Dr. Add CORal Gables F1. 33134 - Remove Myr. Laura Garcia 1430 S. Dixie Hwy Add Suite 309 Remove
Coral Gables Fl. 33144 Change Mgr Suntiaga D. Morales 737 N. Greenway Dr. DAdd

Coral Gables Fl. 33134 Attemove □ Add ☐ Remove ☐ Change □ Add

☐ Remove

☐ Change

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fective date, if other than the date of filing: Taneary 1, 20 an effective date is listed, the date must be specific and cannot be prior to date of filing or more that other inserted in this block does not meet the applicable statutory filing requestions.	19 (optional)	€ : 31,	
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	, at 12:01 a.m. on t	he ear	dier of
ated			

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Filing Fee: \$25.00