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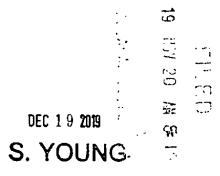
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COVER LETTER

	gistration Servision of Corp					
SUBJECT:	•	perty Management, LLC				
		Name of Lim	ited Liability Company			
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspoi	ndence concerning this matter	to the following:			
		Robert L. Schimmel, Esq.				
	Name of Person					
		Schimmel, P.A.				
	Firm/Company					
	1395 Brickell Avenue, Suite 800					
	Address					
		Miami, Florida 33131				
City/State and Zip Code						
rls@schimmelpa.com						
		E-mail address: (to be used for future annual report notifi	ication)		
For further i	information co	oncerning this matter, please ca	all:			
Robert L. S	chimmel		305 907-6012 at ()			
Name of Person			Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Sancas Property M	-	•			
(Name of the Lim	ited Liability Company (A Florida Limited Lial	as it now appears on our rebility Company)	ecords.)			
The Articles of Organization for this Limited I Florida document number L16000009504	.iability Company w	ere filed on January 13, 2	2016	and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liabilit	v company here:				
Venetian Bianca, LLC						
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	"LLC" or the abbrevia	ution "L.L.C."		
Enter new principal offices address, if appli	cable:					
Principal office address MUST BE A STREA						
Trincipal office data ess 91031 DE A STREE	<u> </u>					
	-					
Enter new mailing address, if applicable:	-					
Mailing address MAY BE A POST OFFICE	BOX)					
	-					
B. If amending the registered agent and	•••	e address on our rec	ords, <u>enter the</u>	name of the r		
registered agent and/or the new registered of	office address here:					
Name of New Registered Agent:	Robert L. Schimm	nel				
Traile of New Negatorea Agent.						
New Registered Office Address:	New Registered Office Address: 1395 Brickell Avenue, Suite 800 Enter Florida street address					
		Enter Ftorida street a	garess			
	Miami		, Florida <u>33131</u>			
		City	Z_{ij}	p 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			DAdd
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			☐ Remove
			□ Change

					
	•				
					
					
					
		<u> </u>			<u>.</u>
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bld document's effective date on the De	be specific and can ock does not meet	not be prior to date: the applicable sta	of filing or more than 90	(optional)) days after filing.) Pursua nents, this date will no	int to 605.0207 (it be listed as t
the record specifies a delayed) The 90th day after the reco		e, but not an e	ffective time, at	12:01 a.m. on the	e earlier of:
Dated November 19	2	019			
1	· _	0~/	\sim		
/)	10-11	X			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00