# L18000159053

(Requestor's Name)
(Address)
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## **COVER LETTER**

	istration Section sion of Corpor			
SUBJECT:	1507	Property Name of Limite	Rentals Liability Company	LLC
The enclosed	Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return	all corresponde	nce concerning this matter to	the following:	
		Jason =	Pri Cl Name of Person	
		1507 Pro	Perty Rev	Hals LLC
		1509 N. S	tate Rd T	1 Ste 6
	-	Margaty licensina E-mail address: (10)	City/State and Zip Code  Of Charles and Zip Code  De used for future annual report not	WM. Com
For further in	formation cone	erning this matter, please cal	l:	
Jaso	Name of Pe	20 Cl	at 154 47 Area Code Daytin	9 1325 ne Telephone Number
Enclosed is a  □ \$25.00 Fi	_	ollowing amount: \$30.00 Filing 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1507 Property Re	ntals UC	_
(A Florida Limited	(ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 8 000 5 9 05 3</u>	were filed on $6-28-18$ and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	1509 N. State Ro	( ' (
(Principal office address MUST BE A STREET ADDRESS)	Margate, PL 3301	03
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	509 N. State Pd State Q Margate Pl 330	063
B. If amending the registered agent and/or registered o		ne of the new
registered agent and/or the new registered office address her	ALC:	19
Name of New Registered Agent:	### ###	<u> </u>
New Registered Office Address:	19 - K	75 =
	Enter Florida street address Florida	
		(P)

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 ≃ 7	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
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effective date is listed, the date must e: If the date inserted in this bloo ument's effective date on the Dep	ck does not n	neet the appl	icable statuto	ng or more than 9 ry filing require	0 days after filing ments, this date	g.) Pursuar g will not	n to 60; be list	5,0201 ted as
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Ann.	<b>/</b>							
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	Signature of a i	member or aut	thorized repres-	entative of a men	ber			

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Filing Fee: \$25.00