120000282050

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COVER LETTER

TO:

CHENTER			
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	WILLIAM ROBRTS		
		Name of Person	
	Name of Person STREBOR PROPERTIES, LLC Firm/Company P O BOX 173753 Address HIALEH, FL 33017 City/State and Zip Code streborproperties66@gmail.com E-mail address: (to be used for future annual report notification) surther information concerning this matter, please call: LIAM ROBERTS at (
		Firm/Company	
	P O BOX 173753		
		Address	
	HIALEH, FL 33017		
	stroborneoparties 66 @amuil		
	• •		
For further information	concerning this matter, please c	all:	
WILLIAM ROBERTS			
Name	of Person		
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy Certificate of (additional copy is enclosed) Certified Co	f Status & py
Registration Division of P.O. Box 6.	n Section Corporations 327	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STREBOR PROPERTIES, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000282050</u>	were filed on 09/09/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	pility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	ig.
Enter new mailing address, if applicable:	·	•
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, g	
		_, Florida
	Ciņ	Zıp Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and aging provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duti provided for in Chapter	es, and I am familiar with and 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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Tejah Innovations Group, LLC	20868 NW 1st Street	= Add
		Pembroke Pines, FL 33029	□Remove
			□Change
nGRM	Williams Roberts	1540 NW 203rd St.	🗆 Add
		miami Gardens, FI	□Remove
		miami Gardens, Fl 3310	Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change

fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the dis filed.			
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William Roberts		Signature of a member or authorized representative of a member	

Filing Fee: \$25.00