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Division of Corporations

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From:

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Email Address: medelpropertymanagement@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDEL PROPERTY MANAGEMENT LLC

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August 11, 2025

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MEDEL PROPERTY MANAGEMENT LLC 5079 N DIXIE HWY #253 OAKLAND PARK, FL 33334

SUBJECT: MEDEL PROPERTY MANAGEMENT LLC

REF: L22000345504

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have listed the document number of one company and the name of another. To ensure proper filing the the correct company, please correct the document number on the document. The correct document number is above.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 825A00017753

FAX Aud. #: H25000277803

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL.C." or the abbreviation "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	Medel Property Management LLC		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:    Name of New Registered Address   Says NW 46th Dr.   Says NW 46t	(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Dassier M. Gonzalez-Medel	The Articles of Organization for this Limited Liability Company	and assigned	
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BON)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Says NW 46th Dr.	Florida document numberL22000345504		
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Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   Jassier M. Gonzalez-Medel     New Registered Office Address:   Enter Florida street address     Coral Springs   Florida     Says NW 46th Dr.     Enter Florida street address     Coral Springs   Florida     Says NW 46th Dr.     Enter Florida     Says NW 46th Dr.     Says NW 46th	A. If amending name, enter the new name of the limited lial	bility company here:	
Enter new mailing address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   Jassier M. Gonzalez-Medel     New Registered Office Address:   Enter Florida street address     Coral Springs   Florida   33067     Enter Florida street address     Coral Springs   Florida   33067     Coral Springs   Flo	The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Coral Springs, FL 33067   State of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent   Dassier M. Gonzalez-Medel	Enter new principal offices address, if applicable:	8395 NW 46th Dr.	202
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   Jassier M. Gonzalez-Medel     New Registered Office Address:   Enter Florida street address	• • •	Coral Springs, FL 33067	رن الماريخ الماريخ
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   Jassier M. Gonzalez-Medel     New Registered Office Address:   Enter Florida street address     Coral Springs   Florida   33067     Florida   33067			
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   Jassier M. Gonzalez-Medel		Coral Springs, FL 33067	
Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address   Enter Florida street address	• • • • • • • • • • • • • • • • • • • •		0.0
New Registered Office Address:  Enter Florida street address  Coral Springs Florida 33067	agent and/or the new registered office address here:		nter the name of the new registere
Enter Florida street address  Coral Springs Florida 33067	9205 NW 164	. Dr	
Florida	New Registered Office Address:		nddress
	Coral Springs		, Florida 33067
			Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jassier M. Gonzalez-Medel	8395 NW 46th Dr.	□Add
		Coral Springs, FL 33067	□Remove
			Change
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Effective date, if other if an effective date is listed, Note: If the date inserte	d in this block does not	t meet the applica	o date of filing or mo ble statutory filing	(option re than 90 days after fil requirements, this d	al) ing.) Pursuant to 605.0 ate will not be listed	)207 (3 I as th
document's effective dat	e on the Department of	'State's records.				
e record specifies a delay rd is filed.	red effective date, but no	ot an effective tin	ne, at 12:01 a.m. of	n the earlier of: (b)	The 90th day after	the
		2025				
Dated August 7		_ •	<b>-</b> ·			
Dated August 7	Jn G		<del>-</del> '			
Dated August 7	Ar Gr Signature of:		ized representative o	of a member		