## L15000043964

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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DIVISION OF CORE OF ALIGHS

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## **COVER LETTER**

Div	ision of Corpo	rations		
CHD IEZT.	FRIENDS PR	OPERTIES LLC		
SUBJECT			ited Liability Company	<del></del>
The enclosed	Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		Processing Department		
			Name of Person	<del></del>
		MyCorporation		
			Firm/Company	
		26025 Mureau Road, Suite	: 120	
			Address	
		Calabasas, CA 91302		
			City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report no	tification)
For further in	nformation con	cerning this matter, please ca	all:	
MyCorporat	tion		818 224-7639	
-	Name of P	erson	Area Code Daytii	ne Telephone Number
Enclosed is a	i check for the	following amount:		
\$25.00 F	filing Fee	☐ \$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)

Registration Section

TO:

MAHLING 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

FRIENDS PROPERTIES LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L15000043964</u>	nny were filed on 03/11/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	abbreyfation "L.L.C."
Enter new principal offices address, if applicable:		T July
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	9 2 F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 12: 12 of Chirt Gradich's
B. If amending the registered agent and/or registered registered agent and/or the new registered office address between the registered office address between the registered of the registered o	l office address on our records, <u>entc</u> here:	er the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Isaac Halfon Levy	Bosque De Ciruelos 130-603	<b>≣</b> Add
		Bosque de Las Lomas, Mexico City 11700 Mexico	Remove
			Change
			Remove
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Signature of a member or authorized representative of a member			
Signature of a member of authorized representative of a member		Signofine of a member or authorized representative of a member	

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Filing Fee: \$25.00