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(I	Requestor's Name)
(/	Address)
	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
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EFFECTIVE DATE

JUN 12 2015 S. YOUNG

COVER LETTER

TO:

Registration Section

Division of C	Corporations				
CHAIN THE CAN	Properties LLC				
SUBJECT.	Name of Lin	nited Liability Company			
	of Amendment and fee(s) are sub	-			
ricase return an corre.	spondence concerning this matter	to the following.			
	Cesar A. Clavero				
		Name of Person			
	STRIX Partners LLC				
		Firm/Company			
	1234 South Dixie Highwa	y #329			
		Address			
	Coral Gables, Florida 331	46		三名 玩	
	cclavero@strixpartners.cor	City/State and Zip Code			-17
	- -	to be used for future annual report notific	cation)		-
For further information	n concerning this matter, please c	all:			
Cesar A. Clavero		305 490-0005			
Nam	e of Person		Telephone Number		
Enclosed is a check fo	r the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V Trust Properties LLC		
(Name of the Limited Liability Compa (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 203421430	were filed on	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:	1234 South Dixie Highway	
(Principal office address MUST BE A STREET ADDRESS)	# 329	
	Coral Gables, Florida 33146	対斜 坊
Enter new mailing address, if applicable:	1234 South Dixie Highway	
(Mailing address MAY BE A POST OFFICE BOX)	# 329	183 - m
	Coral Gables, Florida 33146	
		33 *
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the ne
Name of New Registered Agent:	***	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 = N AMBR = A	Annager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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	* ** ** ** ** **			
	June 5	. 2015		
ective date, if other than an effective date is listed, the date	must be specific and cannot be	prior to date of filing or more	(optional) than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this cument's effective date on the			equirements, this date	will not be listed a
				<u> </u>
record specifies a delay The 90th day after the r	yed effective date, bu record is filed.	t not an effective tim	e, at 12:01 a.m.	()
June 5	2015			
June 5 ted	2015	<u> </u>		
				E E

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00