## L050000 88041

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WW 20 2nts J. HARRIE

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
our II	V Trust Prop	_		
SUBJE	.c.:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are submodence concerning this matter	•	
		Cesar A. Clavero, CPA		
			Name of Person	
		STRIX Partners LLC		
			Firm/Company	
		1234 South Dixie Highway	y, Suite #329	
			Address	
	•	Coral Gables, Florida 3314	16	
			City/State and Zip Code	
		cclavero@strixpartners.com  E-mail address: (t	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	-	
Cesar	A. Clavero, CPA		305 490-0005	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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)

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

V Trust Properties LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Cability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L05000088041	were filed on and as	ssigned
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 Liabil	lity Company," the designation "LLC" or the abbreviation "l	L.L.C."
Enter new principal offices address, if applicable:	7 22 AN	
(Principal office address MUST BE A STREET ADDRESS)	22 0	
···		Comment.
	95 S	्रामसुरक
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	22. 7	•
	Sim a	5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	g:	of the new
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar wi provided for in Chapter 605, F.S. Or, if this doc	ith and ument 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mgr.	Adriana L. Vilhena	1234 South Dixie Highway	_ □ Add
		Suite 329	☐ Remove
		Coral Gables, Florida, 33146	
			Add
			□ Remove
4		·	☐ Change
Mgr.	Fabiola Brasil Vilhena	1234 South Dixie Highway	Add
	•	Suite 329	□ Remove
	•	Coral Gables, Florida, 33146	■ Change
<del></del>			Add
			☐ Remove
			Change  Addition  Remove
			Change (
			☐ Remove
			☐ Change

1. Change Adriana L. and Fabiol	la B. Vilhena's address to 1234 South Dixie Highway, #329 Co	ral Gables, FL.
<del></del>	•	
	The state of the s	
<u> </u>		
	te of filing: ASAP (optio	nal)
tive date, if other than the dat	specific and cannot be prior to date of filing or more than 90 days after t	
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Filing Fee: \$25.00