15660094188

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	e)
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(Do	cument Number)	
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Certified Copies	Certificates (of Status
<u> </u>		J. O. C.
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J. SAULSBERRY EXAMINER OCT 28 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2131 Properties LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C. Conforti

Name of Person

2131 Properties LLC

Firm/Company

23 Trafalgar Drive

Address

Livingston, NJ 07039

City/State and Zip Code

jconforti@airgroupllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. Conforti

201,410-1356

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 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

2131 Properties LLC		
(Name of the Limited L (A)	iability Company as it now appears on our recording Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Lia Florida document number L05000094188	and assigned	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET	ADDRESS)	22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	- Σ
registered agent and/or the new registered offi	r registered office address on our records, ice address here:	enter the name of the new
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida st	
	, Flo	orida Zip Code
	Chy	Zip Couc

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Adam Poe	843 16th Street	Add
		Apt. 202	Remove
		Santa Monica, CA 904	03
MGRM	John C. Conforti	23 Trafalgar Drive	Add
		Livingston, NJ 07039	Remove
			Add
			Remove
			Add S
			Remove
			_ _
			Add
			Remove
			Add
			Remove

fam	nending any other information, enter cha	nge(s) here:	(Attach additional sheet.	s, if necessary.)
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d	10/15/2013			
" —	h/l.			
	~// ltt			
	Signature of a member		ed representative of a men	
		/ .7/	UN. C. CONFO	מבות '
	Type	ed or printed n	name of signee	197
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Page 3 of 3

Filing Fee: \$25.00

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