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Amend

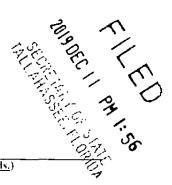
JAN 15 2020 ALBRITTON

COVER LETTER

	Registration So Division of Cor					
s. SUBJEC		PROPERTY HOLDINGS, L.L.	C			
SOBJEC	Name of Limited Liability Company					
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing			
		ondence concerning this matter	_			
		CRAIG B. COTLER, ESQ	x .			
			Name of Person			
		CRAIG BRIAN COTLER	, CHARTERED			
			Firm/Company			
		800 WEST CYPRESS CR	EEK ROAD, SUITE 502			
		-	Address			
		FORT LAUDERDALE, F	1. 33309			
			City/State and Zip Code	·		
		cotlerlaw@gmail.com				
			to be used for future annual report no	tilication)		
For furth	er information c	oncerning this matter, please c	all:			
Craig B.	Cotler		954 475-8822			
	Name o	f Person	at () Area Code Dayti	me Telephone Number		
Enclosed	is a check for the	he following amount:				
\$25.9	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address: Registration S	ection			
		Division of Co	orporations			
	P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monr.	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ASHLEY PROPERTY HOLDINGS, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 03/27/2006	and assigned
Florida document number L06000032179		
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:		
(Principal office address MUST BE A STREET ADDRESS)	·	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		·
		· · · · · · · · · · · · · · · · · · ·
D. If amonding the registered west and/or weight and street		h eal
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:	,	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City	riua Zip Code

New Registered Agent's Signature, if changing Registered Agent:

11

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

Title	<u>Name</u>	Address	Type of Action
MGRM	LEONARD RAWCLIFFE	10180 SW 5TH STREET, PLANTATION, FL 33324	□Add
			_ ■Remove
			_ □Change
MGRM	PABLO MANOLO ORTIZ	10180 SW 5TH STREET, PLANTATION, FL 33324	_ ≡ Add
			□Remove
			□Change
			_ □Add
			□Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			□Change
			_ DAdd
			□Remove
			□Change
			□Add
			_ 🗆 Remove
			_ ElChange

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. Hamei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
Note: 1	the date, if other than the date of filing:
) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	December 3 2019 Signature of a member or authorized representative of a member
	Digitality of a stelling of additional representative of a file file
	PABLO MANOLO ORTIZ Typed or printed name of signee

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Filing Fee: \$25.00