L07000042485

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SEURETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

' TO: *

Registration Section

Division	of Corporations			
SUBJECT:		RTIES MANAGEMENT, LLC	<u> </u>	
	Name of Lim	ited Liability Company		
•		•		
The enclosed Artic	cles of Amendment and fee(s) are su	bmitted for filing.		
Please return all co	orrespondence concerning this matte	r to the following:		
		ARIEL BENTATA		
		Name of Person		
	COMVEST P	ROPERTIES MANAGEMENT, L	LC 🚎	™
		Firm/Company	No.	
	1140 E	HALLANDALE BEACH BLVD	A 전 보다 A 단	
	<u> </u>	Address	——————————————————————————————————————	<u>o</u>
	Н	ALLANDALE, FL 33009	<u> </u>	
		City/State and Zip Code	S S	AM C
	AR	IEL@BEACONRI.COM	로 프	en
	E-mail address:	(to be used for future annual report notification	1)	
For further inform	nation concerning this matter, please	call:		
	DIANA ARIZA	at (954) 454	-4665	
Name of Person		Area Code & Daytime Tele		
Enclosed is a chec	ck for the following amount:			
\$25.00 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 e	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMVEST PROPERTIES	MANAGEM	IENT, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	s on our records.)	-
The Articles of Organization for this Limited Liability Company velocida document numberL07000042485	were filed on	04/19/2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			OCT 15 AHAGSSE
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			5 AM TO LATE STATE SEE. FLORIDA
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ur records, enter	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
<u> </u>	Ent	ter Florida street a	ddress
		. Florida	

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.

City

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action Title ` <u>Name</u> **Address** DANIEL GOLDSTEIN MGRM 1140 E HALLANDALE BEACH BLVD **✓** Add HALLANDALE, FL 33009 Remove ☐ Add Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member of authorized representative of a member **ARIEL BENTATA** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00