## 120000002619

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EXAMINER



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DINISION OF CORPORATION

## **COVER LETTER**

	istration Section ision of Corporations			
SUBJECT:	Lease and	Own Pro	pperty Manage ment nited Liability Company)	f LLC
The enclosed	Articles of Amendment	and fee(s) are su	bmitted for filing.	
Please return	all correspondence cond	erning this matte	r to the following:	
	(	Loberto	U. Balcker (Name of Person)	
		_	(Name of Person)	
		RS	(F)(C)	
			(Firm/Company)	
	_21;	LI Bisco	yne Blvd. #100	<u>.,</u>
	,	_	(Address)  33/39 (City/State and Zip Code)	<del></del>
			(City/State and Zip Code)	
For further in	nformation concerning th	is matter, please	call:	
Rob	(Name of Person)	lcker	at ( <b>7%</b> ) 355 - 33 (Area Code & Daytime T	/ 3 elephone Number)
Enclosed is	a check for the following	amount:		
<b>□</b> ( \$25.00 F		Filing Fee & ificate 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

Lease And Own Prop	erty Management	440
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on dur records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>LOGOOO 2619</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:	1162 NE 91 st.	10 8.0 10 18.0 10 18.0
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33138	
		<b>6.</b> 18.00 (10.00)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9 5 7
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter (</u> <u>e</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street ad	dress)
	, Florida	(Zip Code)
	(City)	(Lip 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 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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRP	Christine A Bertram	5781 NW 112th Ave # 106 Miami FL 83178	Add Remove
<u>M6RP</u>	Lysander Marrero	1162 NE 91 St. Migmi FL 83188	<b>I</b> Add Remove
			Add Remove
	····		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	_
_			_
Dated	uly 17 20	୨୦% <sub>.</sub>	_
	Christine	Bertram  ber or authorized representative of a member	
		ertram	

Page 2 of 2

Filing Fee: \$25.00