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COVER LETTER

TO: Registration S Division of Co		· .			
SUBJECT: CISA	VEIZOS PROMERTI	rs LLC			
	VERDS PROPERTI	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Name of Person		•	
	Accor. & pa	Firm/Company			
	329 A F14.	NKIN ST Address			
	Ocore F	City/State and Zip Code		4. ⁴⁴	
		ong, otate and Esp obac	į		777
	E-mail address: (to be used for future annual report notification	on)		ω. 35 7
For further information c	oncerning this matter, please c	all:		,	entiti I na
F. Nur	<u> </u>	at (407) 656-3843 Area Code & Daytime Tel		* 1	er e
Name o	f Person	Area Code & Daytime Tel	ephone Number	NORE S	5 3
Enclosed is a check for the	ne following amount:			2000	נ
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

CISNERUS PROPERT	ies LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now a Limited Liability Compa	opears on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	04-22-2009	ar	nd assig	gned
Florida document number L 090000 39110	·	,			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company	y here:			
The new name must be distinguishable and end with the wo	ords "Limited Liability C	ompany," the designation	"LLC" or	the ab	breviation
Enter new principal offices address, if applicable:			<u> </u>		
(Principal office address MUST BE A STREET ADD	RESS)		<u> </u>	<u>;</u> ;	
			- 13	<u> </u>	
				-7	i Sur Martina
Enter new mailing address, if applicable:					- 1 1
(Mailing address MAY BE A POST OFFICE BOX)					# 1 ************************************
			_ <u>33%</u>	د. دع	\$ 30,000 Bar
B. If amending the registered agent and/or regis		on our records, ente	the na		the new
registered agent and/or the new registered office add	dress here:				
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida street a	ddress		
		, Florida _		<u> </u>	
	City		Zip	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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MgR	MARIA CIGNETOS	1043 WOUD SON HAMMOCK CIRCLE	Add
		WINTER barden, FL 34787	Remove
			Add Remove
			Remove
		10 to	Add Remove
			Add Remove
			Add Remove

. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
ated Nov	5MB(2) , 2013.
	Medica CA and
-	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member JESUS CISNEROS Typed or printed name of signee
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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