L090000 46196

(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	·)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



700347758367

07/09/20--01608--013 **25.00

2020 JUL -9 PH 6: 26

AUG 20 2020 S. YOUNG

COVER LETTER

lacil Propa	rtioc II C	;	*
SUBJECT:	<u> </u>		<u> </u>
Division of Corporations Josil Properties LLC Name of Limited Liability Company Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Name of Person Florida Management Property LLC Firm/Company 19300 W Dixie Hwy, Suite #4 Address Aventura, FL 33180 City/State and Zip Code miguel@obgrealty.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Aliguel Lulinski Name of Person To further information encerning this matter, please call: Area Code Daytime Telephone Number Sentlosed is a check for the following amount: Sex 255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please feturn an correspo	sidence concerning this matter	to the following.	
	Diskion of Corporations Josil Properties LLC Joseph Properties LLC Firm/Company 19360 W Dixie Hwy, Suite #4 Address Address Aventura, FL 33180 City/State and Zip Code miguel@obgreathy.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Joseph Properties LLC Joseph Pr		
		Name of Person	
	Florida Management Prope	erty LLC	
		Firm/Company	·
	19300 W Dixie Hwy, Suite	: =4	
		Address	<u> </u>
	Aventura, FL 33180		
		City/State and Zip Code	_
			otification)
For further information of	concerning this matter, please c	all:	
Miguel Lulinski			
Name o	of Person	Area Code Days	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
-			
	· · · · · · · · · · · · · · · · · · ·		·
Tallahassee,			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Josh Troperties tibe			
(Name of the Limited)	Florida Limited I	ny as it now appears on our l Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number L09000046196			7
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limi <u>ted liab</u>	ility company here:	
The new name must be distinguishable and contain the word	ls "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	19300 W Dixie Hwy, Su	ite #4
(Principal office address MUST BE A STREET)		Aventura, FL 33180	· · ·
Enter new mailing address, if applicable:		19300 W Dixie Hwy, Su	ite #4
(Mailing address MAY BE A POST OFFICE BOX)		Aventura, FL 33180	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		address on our records, 9	enter the name of the new registe
Name of New Registered Agent:	Florida Manage	ement Property LLC	
New Registered Office Address:	19300 W Dixie	Hwy, Suite #4	
	-	Enter Florida street	address
	Aventura		, Florida <u>33180</u>
		City	Zip Code

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

Lasti Description L.I.C.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Change
			□Add
			□Remove
		×	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		
		
ffective date, if other the	an the date of filing: (optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua	
an effective date is listed, the d	ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua this block does not meet the applicable statutory filing requirements, this date will no	nt to 605.0207 t he listed as:
locument's effective date or	this block does not freet the applicable statutory fitting requirements, this date with no in the Department of State's records.	t be milet un
and an off or a delegated	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	day after the
d is filed.	receive date, but not an effective time, at 12.00 a.m. of the earlier of (0)	any arter the
June 29	2020	
June 29 Oated	·	
	/4/	
	///	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	