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K.SALY EXAMINER JUL 24 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Weiss Properties, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
George Weiss Trystee Name of Person
Name of Person
•
Firm/Company
9273 Collins Ave, Apt. 209
Address
Surtside FL 33154
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Seorge Weiss, Trustee at 305, 467-9062 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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**

FILED'

Weiss Propertie	علا و		12 JU	L 23 PH 12: 24
Weiss Properties (Name of the Limited Liability (A Florida L	Company as it now are imited Liability Compa	opears on our rec ny)	ords.	TART OF STATE
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on 	5-21-00	1	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company	<u>here</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability C	ompany," the desi	ignation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	9273	s Collins	AVR,	Apt. 209 3154
(Principal office address MUST BE A STREET ADDR	ESS) SX	isido, f	七 3	3154
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		onillas c Side F	S AVR C 331	, Apt.209 54
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		on our record	s, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:	seage We	221		
New Registered Office Address:	1273 Colli	Enter Florida		
	Sutside		lorida	33157
New Registered Agent's Signature, if changing Registered	City	_		Zip Code

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.

Shanging Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 **Title Address Type of Action** <u>Name</u> MERM Remove WER 🔼 Add Remove \square Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 20 Signature of a member or authorized representative of a member George Weiss as Co-trustee

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00