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(Re	equestor's Name)	
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COVER LETTER

	•	COVER LETTER	
TO: Registration Secti Division of Corpo			
SUBJECT: SOU	th Florida Name of Limi	a Rental Pro	perty Management, 1
The enclosed Articles of An	nendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Melod	Ly Cobbe	
		Cobbe Law	
	980 Nor	• •	ighway, Svite 110
	Boca Ra	ton, FL 3343 City/State and Zip Code	
	E-mail address: ()	obe ised for future annual report notific	
For further information con-	cerning this matter, please ca	all:	
Melody Ci	sbbe erson	at (<u>561</u>) 922 Area Code Daytime	- 966 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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

TO ARTICLES OF ORGANIZATION OF

2004h Horida Rei	ntal troperty Management, LLC
(<u>Name of the Limited</u>) (A	<u>Liability Company as it now appears on our records.</u>) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	e limited liability company here:
NIA	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	ADDRESS) Davie, FL 33324
(Principal office address MUST BE A STREET A	ADDRESS) Davie, FL 33324
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office address on our records, enter the name of the new
registered agent and/or the new registered offic	e address here:
Name of New Registered Agent:	Cobbe Law/Melody E. Cobbe Esq.
New Registered Office Address:	980 North Federal Highway, Svite 110 Enter Florida street address
	Boca Raton, Florida 33432
New Registered Agent's Signature, if changing Reg	City Zip Code istered Agent:

New Registered Agent's Signature, it 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Roy Fernandez	3850 South University D	(iVC _{□ Add}
		# 291333	Remove
		Davie, FL 33329	□ Change
MGR	Keith Litman	763 Northeast 193 RD St	- X Add
		Miami, FL 33179	□ Remove
			Change
			□ R€fflove
			CO'Change
			Change Ch
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change

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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or n Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ng requirements, this date will not be listed
e record specifies a delayed effective date, but not an effective the 90th day after the record is filed.	time, at 12:01 a.m. on the earlie
Dated 8/19/15	
	a of a mambar
Signature of a member or authorized representative	e of a menner

Page 3 of 3

Filing Fee: \$25.00