## L09000096631

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JUN - 4 2010

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:		hree ProPerties ted Liability Company	ILC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>_</u>	Name of Person	
		Firm/Company	
	1643 Brick	iell Ave. Apt. 1902	2
	<u> </u>	Fl. 33 29 City/State and Zip Code	
	danielfa E-mail address: (1	Smile market. Com	tion)
For further information co	oncerning this matter, please c	all:	
Daniel Tu Name o	Vita Person	at ( <u>365)</u> 804 - 3 Area Code & Daytime T	Celephone Number
Enclosed is a check for the	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Three P	roPertieS LLC	<u></u>
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on <u>03/23/20</u>	O and assigned
Florida document number L09000096631	,	
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."	red Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		10 N
Enter new mailing address, if applicable:	•	CRE SION
(Mailing address MAY BE A POST OFFICE BOX)		
		S S
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name to the new
registered agent and/or the new registered office address here	•	₹5
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	
	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 mGRM ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 05/28Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00