## 110000035611

(Rec	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Dod	cument Number)	<del></del>
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	

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## COVER LETTER .

TO: I	Registration Se Division of Cor	porations	
SUBJEC		PROPERTY LLC	
SUBJEC	•	Name of Lin	nited Liability Company
		Amendment and fee(s) are sub	•
Please reti	um all correspo	ndence concerning this matter	to the following:
		BOBBY GARFINKEL	
			Name of Person
		***	
			Firm/Company
		351 VISTA OAK DRIVE	
		-	Address
		LONGWOOD, FL 32779	
			City/State and Zip Code
		bjnsons@aol.com	to be used for future annual report notification)
For furthe	r information o	oncerning this matter, please c	,
	GARFINKEL		407 697-3448
	Name of	f Person	Area Code Daytime Telephone Number
Enclosed i	is a check for th	e following amount:	
□ <b>\$</b> 25.00	) Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, 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

DAFFLYN PROPERTY LLC		_
(Name of the Limited Li. (A Fi	ability Company as it now appears on our records. orida Limited Liability Company)	<u>,                                      </u>
The Articles of Organization for this Limited Liabili Florida document number L10000035611	ty Company were filed on MARCH 31, 2010	and assigned
Plona document number	<del></del>	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		1.7
(Mailing address MAY BE A POST OFFICE BOX	2	
	<u>-</u>	
		Ng pr
B. If amending the registered agent and/or re	egistered office address on our records,	enter the name of the new
registered agent and/or the new registered office	address here:	# <b>1</b>
		÷9
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flor	rida
	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			Add
			Remove
			Change
		·	□Remove
			Change
			<u></u>
			Remove
			□ Change
	-		Add
			□ Remove
		<del></del>	□ Change
		<del></del>	Remove
			□ Change

IS ORGANIZED: OWNER MANAGED REAL ESTATE		
TO:		<del> </del>
THE PURPOSE FOR WHICH THIS LIMITED LIABILITY COMPANY IS	S ORGANIZED:	
ANY AND ALL LAWFUL BUSINESS		
		<del>_</del>
		<u> </u>
	<del></del>	17
	<del>.</del>	<u> </u>
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	· ·	<u> 571</u>
	<u> </u>	34
	5.	9
ctive date, if other than the date of filing:  Effective date is listed, the date must be specific and cannot be prior to date of filing or more than the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	ore than 90 days after filing.) Pr	ursuant te
ecord specifies a delayed effective date, but not an effective ti e 90th day after the record is filed.	me, at 12:01 a.m. on	the ea

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00