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COVER LETTER

Division of	Corporations				
SUBJECT:	SOUTH	FLORI DA	PROPERTY	HOLD	INGS L.L.C.
<u> </u>		Name of Lin	ited Liability Company		······································
The enclosed Article	es of Amendme	nt and fee(s) are sub	mitted for filing.		
Please return all corr	respondence co	ncerning this matter	to the following:		
•					
		EDV	ARDO BRA Name of Person	NDT	PA
	-		Name of Person		
			Firm/Company		
			2300 WE	STON	Q D
	_		2300 WE Address		
			City/State and Zip Co	<u>し り</u> ode	1946
			1BBRICQ H	ύTM 41	L.COM
		E-mail address:	(to be used for future and	nual report no	tification)
For further informat	tion concerning	this matter, please of	eall:		
Edvara	lo Bra	ndt	at (<u>954</u>) Area Code	854	6155
N	ame of Person	·	Area Code	Dayti	me Telephone Number
Enclosed is a check	for the followi	ng amount:			
\$25.00 Filing F		.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	y	□ \$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

SOUTH FLORIDA PROPERTY H	OLDINGS LLC.
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on	youst 4, 2010 and assigned
Florida document number <u>L/00 000 81 78 1</u> .	J
This amendment is submitted to amend the following:	
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on ou registered agent and/or the new registered office address here:	r records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida s	treet 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 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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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