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SECRETARY OF STATE
AULAHASSEF FLORIDA

COVER LETTER

Division of Corperations		
SUBJECT: U.S.MBIT, 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:		
WAN MUNITE		
Name of Person		
#1 Property Manacament Firm/Company		
Firm/Company		
6400		
5889 SPANISH RIVER RD		
Address		
FOLT. PIERCE - FC - 34957 City/State and Zip Code		
IMUNOZ C BACFL. COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
IVAN MUNOZ 361, 685,6550		
Name of Person at (\$6) 685. 6550 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,		
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

U.S. MBIT, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on OCTOBER 18, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
#1 PLOPERTY MANAGEMENT, The new name must be distinguishable and end with the words "Limite	Lie
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	FORT PIERCE - FL - 34957
(Principal office address MUST BE A STREET ADDRESS)	FORT PIERCE - FL - 34957
Enter new mailing address, if applicable:	5809 SPANISH RIVER RD
(Mailing address MAY BE A POST OFFICE BOX)	5809 SPANISH RIVER RD FORT PIERCE - FL-34957
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address ω
	Florida 🚆 🖺
New Registered Agent's Signature, if changing Registered Agent:	City Code: O
	5

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 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> **Type of Action** <u>Name</u> <u>Address</u> ☐ 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.) JUNE 10. Dated Signature of a member or authorized retresentative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00