L11000017466

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J. BAULSRURAY EXAMINER

NOV 4 2013

COVER LETTER

TO: Registration Section Division of Corporatio	ons ·
SUBJECT: 1910 P	PROPERTY HOLDINGS ILE Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of Amendr	ment and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	YAMIRA & GOUZA (EZ, CPA Name of Person
	Name of Person
1	1910 Property Holdings Lee Firm/Company
~ 	Firm/Company
	1910 NW 97 and Address
	Address
	meomi FL 33172 City/State and Zip Code
	Meomi FL 33/72 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning	ng this matter, please call:
Marria & York Name of Person	
Enclosed is a check for the follow	wing amount:
	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

1910 PAOPERTY H	OLDINGS LLC				
(Name of the Limited Liability (A Florida)	Company as it now appea Limited Liability Company)	rs on our record	<u>s.</u>)		
		2/9/11		_	
The Articles of Organization for this Limited Liability C		219111	·····	and as	signed
Florida document number 4 110000 17466					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Comp	any," the designa	tion "LLC	" or the	abbreviation
Enter new principal offices address, if applicable:			7.0	20	
(Principal office address MUST BE A STREET ADD)	(ESS)			<u>₹</u>	m e*
					Marine and
					
Enter new mailing address, if applicable:			•••	P. 1 4 5	•
• • • • • • • • • • • • • • • • • • • •			2.35	#	
(Mailing address MAY BE A POST OFFICE BOX)			77.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis	tered office address on	our records, e	nter the	name	of the new
registered agent and/or the new registered office add	ress bere:				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Flori			
	City		2	Zip Coa	le

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
M6R	RIWCON MANAGEMENT CO LO	1000 Brickelare Suite	600 Add
		Marri FL 33\$31	Remove
M6R	HA RWCON LLC	1910 NW 97 and	Add
		micmi & 33/72	Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			Add
			Remove
			Add
			2013/4
	·		ا الله
			Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	1
ıted	October 15 , 2013.
	Nolli La Ol man
	Signature of a member or authorized representative of a member
	HOLLY AND OLIVARES
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00