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S. WARREN DEC 2 6 2017

COVER LETTER

	Registration Se Division of Cor			
CHD 107*		TH PROPERTY MANAGEN	MENT, LLC	
SUBJEC	Γ:	Name of Lin	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		LUIS E ROJAS		
			Name of Person	
		GOOD FAITH PROPERT	Y MANAGEMENT, LLC	
			Firm/Company	
		13727 SW 152 STREET.	7291	
			Address	
		MIAMI, FL 33177		
			City/State and Zip Code	
		GOODFAITHGROUP@G		
			to be used for future annual report notif	ication)
For further	r information co	oncerning this matter, please ca	all:	
LUIS E R	OJAS		786 250-1610	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	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, Ft. 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

GOOD FAITH PROPERTY MANAGEMENT, LLC

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A TANIFE AND THE CAME IN CASE	Maryinia v v majima a v m mayor	appears on our records.
	dores a majorial modern Com-	

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The Articles of Organization for this Limited Liability Company	were filed on 04/25/2011 and assigned
Florida document number 1.11000048803	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
	-
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LA.C" or the abbreviation "LA.C."
Enter new principal offices address, if applicable:	9010 SW 137 AVENUE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 230
	MIAMI, FL 33186
Enter new mailing address, if applicable:	13727 SW 152 STREET
(Mailing address MAY BE A POST OFFICE BOX)	#291
	MIANII, FL 33177
registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or—if,this document is
	그
If Cha	nging Registered Agent, Signature of New Registered (Sent

If amendin or removed	g Authorized Person(s) authorized from our records:	to manage, enter the title, name, and address	of each person being add
MGR = M $AMBR = A$			
<u>Title</u>	Name	Address	Type of Action
MGR	JOHN L WILKERSON	418 NW SUNVIEW WAY	
		PORT SAINT LUCIE, FL 34986	□ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			Change
			Add
			Remove 7 DE Dange
			English Commove
			Change

			
			
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Page 3 of 3

Filing Fee: \$25.00