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SECRETARY OF STATE

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D. BRUCE

AUG 3 1 2012

EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	Florida Pı	operty One, LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		Don Francis	
	,	Name of Person	
	<u> </u>	Firm/Company	
		3215 70th Street	12
		Address	AUG CRE LAH
	Ea	st Elmhurst, NY 11370	FILED 12 AUG 30 AH IO: 39 SECRETARY OF STALE ALLAHASSEE, FLORID
		City/State and Zip Code	O AH SEE. SEE.
	dor	naldfrancis@gmail.com to be used for future annual report notification)	<u></u>
For further information	concerning this matter, please of		39 ANE ANE
	Don Francis of Person	at (917) 405-313 Area Code & Daytime Telephone	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	LING ADDRESS:	STREET/COURIER ADDR	ESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida (Name of the Limited Liability	Property One, LLC	on our records)		
(A Florida	y Company as it now appears Limited Liability Company)	on our records.)	,	
The Articles of Organization for this Limited Liability	Company were filed on	August 31, 2011	_ and assigned	
Florida document number L11000100326	 ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here	:		
	choeight, LLC			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	y," the designation "LL	C" or the abbreviat	ion
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			-
			EC.	_
			300元	2
Enter new mailing address, if applicable:			30 ARY ASSE	₋ ~ }≥
(Mailing address MAY BE A POST OFFICE BOX)				- Eg 5
			103 103 103 103 103 103 103 103 103 103	
				-
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on ou lress here:	r records, enter the	name of the n	<u>ew</u>
Name of New Registered Agent:				_
New Registered Office Address:				
	Ente	r Florida street addre.	SS	-
		, Florida	•	
	City	, <u></u>	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Name</u>	Address	Type of Action
		Add ☐ Remove
•		
		Add Remove
		-
		Add Remove
		Add
		Remove
		Add
		Remove
		Add Remove
ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	SEC TALL
ing any other information, enter enange	sy never (miden dadinonar sneeds, y needsbary)	SECRETARY I
		_ ''오고 프
		FLORID
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8/3/12	•	-
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Page 2 of 2

Filing Fee: \$25.00