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SECRETARY OF STATE

COVER LETTER

ГД:	Registration Section Division of Corporations
SUBJI	ECT: Agram Property, LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Angelo Gramanzini Name of Person
	Name of Person
	Agram Property, LLC Firm/Company
	Firm!/Company
	11700 NW 11th Street
	Plantation, FL 33323 City/State and Zip Code
	City/State and Zip Code
	angelogram Bromeast. net Email address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
A	ngelo Gramanzini at (954) 370-1881 Name of Person Area Code & Daytime Telephone Number
<u> </u>	Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$2 5	5.00 Filing Fee Solution Status Solution Statu

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

FILED

Agram Dogard		OFF DEC -9 PN 12: 22
Agram Property. Name of the Limited Liabil	ity Company as it now app a Limited Liability Compan	SECRETARION SAFET STATE
(A Florid	a Limited Liability Compan	y) YOURDA
The Articles of Organization for this Limited Liability	Company were filed on _	November 7, 2011 and assigned
Florida document number L 11 000 127 85		
This amendment is submitted to amend the following:		
If amending name, enter the new name of the li	mited liability company	<u>here</u> :
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Cor	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B If amending the registered agent and/or reg		n our records, <u>enter the name of the new</u>
registered agent and/or the new registered office ad	idress nere:	
Name of New Registered Agent:		
New Registered Office Address:		Enter Florida street address
		milet 1 tot taa sii eet aaat ess
	City	, Florida Zip Code
	City	гір Сойе

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 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 **Title Name Address Type of Action** Danielle Thomas 1826 NW 127th Avenue Add Pembroke Pines, FL 33028 Remove MGRM ☐ Remove ☐ Add ☐ Remove Remove □Add Remove \square Add ___Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Michael Manning, Esq. #87579

Signature of a member or authorized representative of a member

Michael Manning; Esa. #87579

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00