LIIVO 135479

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07/15/15--01020 -017 **25.00

D. BRUCE

COVER LETTER

SUBJECT:	FLS PROPI	ERTY INVESTMENTS, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
•		Lisa Lanza, Esq		
			Name of Person	
•		Melissa P. Lanza, P.A.		
Firm/Company				
104 Crandon Blvd., Suite 420				
			Address	
		Key Biscayne, FL 33149		
			City/State and Zip Code	
		llanzalaw@aol.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	ılı:	
Lisa Lanza,	ESq.		305 361-0997 at ()	
	Name of	`Person		Felephone Number
Enclosed is a	a check for th	e following amount:		
≘ \$25.00 F	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:

TO:

Registration Section Division of Corporations

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

FLS PROPERTY INVESTMENTS, LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 12/01/2011	and assigned
his amendment is submitted to amend the following	· 2:	
a. If amending name, enter the new name of the		
he new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD		
The cipal office dualess model Bill 11 STRILL 1 110		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	Citv	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Limpias Mendez, Angel Ronald	6039 Collins Ave., Unit 932	
		Miami Beach, FL 33140	Remove
			□ Change
MGRM	Limpias De Tarabillo, Gloria Tatiar	6039 Collins Ave., Unit 932	□ Add
		Miami Beach, FL 33140	■ Remove
			☐ Change
MGRM	Limpias Suarez, Maria Eliana	6039 Collins Ave., Unit 932	□ Add
		Miami Beach, FL 33140	■ Remove
			□ Change
MGRM	Limpias Suarez, Gloria Mariana	6039 Collins Ave., Unit 932	□ Add
		Miami Beach, FL 33140	■ Remove
			□ Change
			□ Add
		-	Remove
			☐ Change
			□ Add
			□ Remove
			Change

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ctive date, if other than the effective date is listed, the date mu	e date of filing:	region to date of filling of	more than 90 days	ptional) after films) Pur	Suppl to 605.02
et If the date inserted in this b	lock does not meet the a	pplicable statutory fi	ling requirements,	this date will	not be listed:
iment's effective date on the D	repartment of State's rec	coras.	•		
	d affaallisa data ku			دند سام،	
record specifies a delaye ne 90th day after the rec		e not an enective	e time, at 12:t	or a.m. on t	ne earner
•	•		•	·.	
June 25	2015				
	/2 =				
		, , , , ,	//	•	
Delle	Signature of a member of	f fin	1		, , , , , , , , , , , , , , , , , , ,

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Filing Fee: \$25.00