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(((H24000133057 3)))



H240001330573ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for futdre annual report mailings. Enter only one email address please.*

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FFF FLORIDA PROPERTIES LLC

Certificate of Status	0
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Help

Ronnie Campbell

From:

faxfinder@capitolservices.com

Sent:

Thursday, April 11, 2024 3:47 PM

To:

Ronnie Campbell

Subject: Attachments:

FaxFinder Fax Notification: Successfully sent fax to 850-617-6383 fax_outbound_850-617-6383_20240411_144702_00007989-0000.pdf

Create Time: 04/11/2024 02:27:25 PM Schedule Time: 04/11/2024 02:47:02 PM

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Schedule Message: Successfully sent fax

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Try #: 2

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Sender name: Ronnie Campbell

Sender email: rcampbell@capitolservices.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org:

Capitol Services, Inc. Subject: H24000133057 3

Max tries: 5 Try interval: 600 Priority: 3 Pages: 6

Recipient fax: 850-617-6383

Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

COVER LETTER

	Registration S Division of Co					
eun ire		a Properties LLC				
SUBJEC	.1:	Name of Lin	nited Liability Company			
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Paul Zelnick				
		 	Name of Person			
		Caldera Law PLLC				
			Firm/Company	· ·	> 2	
		7293 NW 2nd Ave.			2024 APR 11	7,1
			Address	٠, ٠,٠	20 1	}
		Miami, FL 33150			; mar	7
			City/State and Zip Code	ा । शिक्ष		
		Paul@Caldera.Law			25 Z	_
Ear Greek	or information o	E-mail address: (concerning this matter, please e	to be used for future annual report noti	fication) (27)	2	
		concerning this matter, please c	aii.			
Paul Zelr	nick		201 674-6292 at ()			
	Name o	f Person	Area Code Daytime	e Telephone Number	_	
Enclosed	is a check for t	he following amount:				
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy)	Status & y	
]]]	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroo Tallahassec, FL	porations fallahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000133057 3

FFF Florida Properties LLC				
(Name of the Limi	ted Liability Comps (A Florida Limited	any as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited L	iability Company	were filed on Januacy 12, 2	012	_ and assigned
lorida document number L12000005724	,			
his amendment is submitted to amend the foll	owing:			
If amending name, enter the new name o	f the limited liah	ility company here:		
				202
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "	LLC" or the abbre	
nter new principal offices address, if applic	able:	7293 NW 2nd Ave	228	PR 💾
Principal office address MUST BE A STREE	T ADDRESS)	Miami, FL 33150	334	
			i A CP	
			STA	3
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		7293 NW 2nd Ave	i iri	52
		Miami, FL 33150		<u> </u>
-				
. If amending the registered agent and/or r	egistered office a	address on our records, <u>en</u>	ter the name o	f the new regis
gent and/or the new registered office addres	ss nere:			
Name of New Registered Agent:	Caldera Law PL	LC		
New Registered Office Address:	7293 NW 2nd A	Ave		-
AND PROPERTY OF THE PROPER		Enter Florida street ado	dress	
	Miami		Florida 33150	
		City		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

for Caldralan PLLC

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H24000133057 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Antoine Gendre	805 N Andrews Ave	
		Fort Lauderdale, FL 33311	■Remove
			□Change
MGR	Julie Thivet Fallourd	7293 NW 2nd Avc	■Add
	Miami, FL 33150	□Remove	
			□Change
			□Add
			□Remove
			□ Change
			□Remove
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Page 2 of 3

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:11 ::	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e e	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
1.	04 11 2 do 24.
	Signature of a member or authorized representative of a member
	Signature of a member ar-aumorized representative of a member

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