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COVER LETTER

	Registration Se Division of Cor		•	
		PROPERTY SERVICES LLC	,	
SUBJEC	,I:	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspo	ondence concerning this matter (to the following:	
		JULISSA ROSADO		
			Name of Person	
		DCM SERVICES CENTER	INC	_
			Firm Company	
		2529 W BUSCH BLVD SUI	TE 1000	
			Address	
		TAMPA, FLORIDA 33618		
		DCMSERVICESCENTER@	City/State and Zip Code GMAIL.COM	
		E-mail addiess; (t	to be used for future annual report notifi	canon)
For furth	ner information c	oncorning this matter, please ec	all:	
JULISS	A ROSADO		813 990-8630	
	Name o	of Person	at ()	Telephone Number
Enclosed	l is a check for t	he 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, 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

ARENAS PROPERTY SERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L12000043107	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED & G
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		.1
	, Flori , Flori	Tip 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>	Name RODOLFO SCHEFER	Address 3316 W KATHERINE STREET	Type of Action
MGR			
		TAMPA, FLORIDA 33607	□ Remove
			☐ Change
			🗅 Add
			□ Remove
			□ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

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ffective date, if other	er than the date of	filing:	Age of Glory or man de	(optional) n 90 days after tiling a Pursu	ant to ठीठ का tue
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Typed or printed name of signee

Filing Fee: \$25.00