# 71900008207

(Re	questor's Name)	
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### ÇOVER LETTER

TO:	Registration So Division of Con			ø.	
eun u		PERTY MANAGEMENT, LLO	C		
SUBJI	:CI:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		LISA MONACO			
			Name of Person		
		·	Firm/Company		
		7332 ASHLEY SHORES	CIRCLE		
			Address		
		LAKE WORTH, FLORID	A 33467		
			City/State and Zip Code	<del></del>	
		LISAMONACOHOMES@			
		E-mail address: (	to be used for future annual report notifi-	cation)	
For fur	ther information o	concerning this matter, please co	all:		
LISA	MONACO		561 262-9387 at ()		
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for t	he following amount:			
□ \$2:	5.00 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

NJM PROPERTY MANAGEMENT, LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appear Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C Florida document number L12000085096	ompany were filed on JU	NE 25, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company he	<u>re</u> :
LISA MONACO, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co	_	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

## 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	Mem	ber

<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
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ctive date, if other than the d	JANUARY	4, 2016	( <b>4</b>	`
effective date is listed, the date must l	be specific and cannot be prior t	o date of filing or more than	(optional 90 days after filin	g.) Pursuant to 605.
If the date inserted in this bloc ment's effective date on the Dep		ble statutory filing requi	rements, this dat	e will not be listed
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Filing Fee: \$25.00