13000053326

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
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COVER LETTER

TO:	Registration So Division of Cor			
CHDID	DARES	INVESTMENTS PROP	ERTIES, LLC	
SUBJE	.CI:	Name of Lin	ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		CINȚIA MANCHEG	0	
			Name of Person	
			Firm/Company	
		1925 ALAMANDA D	PRIVE	
		***************************************	Address	
		NORTH MIAMI, FLO	DRIDA 33181	
			City/State and Zip Code	0 1
		E-mail address: (ANCHEGO C GM/ to be used for future annual report notif	AIL . COM ication)
For furt	her information c	oncerning this matter, please c	all:	
CINTI	A MANCHEO		at 7840 657-	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 JAN 29 AM II: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Carrier or and Date	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited lorida document number L13000053326	Liability Company were filed on 0	
his amendment is submitted to amend the fo	llowing:	
a. If amending name, enter the new name	of the limited liability company h	ere:
he new name must be distinguishable and end with th	e words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
		·
. If amending the registered agent and egistered agent and/or the new registered of		our records, enter the name of the
	•	
Name of New Registered Agent:	CINTIA MANCHEGO	
Name of New Registered Agent: New Registered Office Address:	1925 ALAMANDA DRIVE	
-	1925 ALAMANDA DRIVE	rida street address
	1925 ALAMANDA DRIVE	rida street address
	1925 ALAMANDA DRIVE Enter Floi NORTH MIAMI City	

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Qr, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Florida Management Property, LLC	19300 WEST DIXIE HWY, STE. 4	Add
	· · ·	NORTH MIAMI, FL 33180	■ Remove
MGR	CINTIA MANCHEGO	1925 ALAMANDA DR.	■ Add
		NORTH MIAMI, FL 33181	□ Remove
			□ Remove
			Add
			☐ Remove
•.	, ,		
			☐ Remove
			



Department of State)	date and cannot be more than 90	optional) days after
	MIGUEL LUCIUSE.	Flories Muneurum Property
Typed or printed n	ame of signee	
	ture of a member or authoriz	Department of State)

Page 3 of 3

Filing Fee: \$25.00

