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(Re	questor's Name)	
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COVER LETTER .

DIVISI	ion or Corp	or ations		
SUBJECT:	PROPER P	ROPERTY GROUP, LLC		
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return a	Il correspon	dence concerning this matter t	o the following:	
		Xiang Huang		
		*****	Name of Person	
		Proper Property Group, L	LC	
			Firm/Company	
		3250 NW 77th CT		
•			Address	
•		Doral, FL 33122		
•			City/State and Zip Code	
		hitingie@gmail.com		
		E-mail address: (t	o be used for future annual report no	tification)
For further info	ormation cor	ncerning this matter, please ca	ll:	
Xiang Huang			305 6396010 at ()	
	Name of I	Person	Area Code Daytii	me Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fili	ing 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

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPER PROPERTY GROUP, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	··
The Articles of Organization for this Limited Liability Co Florida document number L13000064754	ompany were filed on 05/02/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18
(Principal office address MUST BE A STREET ADDR	(ESS)	PC 8538
		N 25±
		5
Enter new mailing address, if applicable:		1 400 m
(Mailing address MAY BE A POST OFFICE BOX)		မေ
		<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		er the name of the ne
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	
	, Florida	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>	Address	Type of Action
MGR	LAN CHUN LAM	3250 NW 77TH CT DORAL FL 33122	= Add
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			Change
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			Change
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ffective date, if other than th	e date of filing:		(optic	onai)
an effective date is listed, the date made: If the date inserted in this limited.	ust be specific and cannot be polock does not meet the app	rior to date of filing or r blicable statutory filin	nore than 90 days after	filing.) Pursuant to 605.
locument's effective date on the	Department of State's reco	rds.		
e record specifies a delaye The 90th day after the re		not an effective	time, at 12:01 a	ı.m. on the earlie
JUNE 21	2018	·		
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	2	uthorized representativ		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00