L13000116955

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Div	ision of Corp	ocrations		
SUBJECT:		W PROPERTIES, LLC		
		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		JAMES MARX		
			Name of Person	
		MARX & FRANKEL PA		
-			Firm/Company	
		I SE 3RD AVENUE, SUIT	TE 2900	
•			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		JAMES@MARXFRANKEI		a ,,
			o be used for future annual report notif	ication)
For further is	nformation co	ncerning this matter, please ca	ll:	
JAMES MA	ARX		305 577-0276 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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**

8435-325 NW PROPERTIES, LLC

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L13000116955	vere filed on 08/19/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>er</u>	iter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JLU HOLDINGS LLC	3360 NW 69 STREET	
		MIAMI, FL 33147	Remove
			Change
MGR	LOPEZ-URGELL, JOAQUIN	3360 NW 69 STREET	Add
		MIAMI, FL 33147	Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove Change Add Remove
			☐ Change

ective date, if other than the date of filing: JULY 16, 2015	,			
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Filing Fee: \$25.00