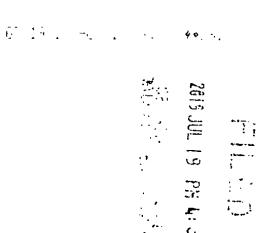
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## **COVER LETTER**

Division of Corporations				
SUBJECT: AZTEC PROPE	ERTY ENTERPRISES, LLC Limited Liability Company)			
(realine of	Elimica Elabitity Company)			
The enclosed member, resignation or disc	sociation and fee(s) are submitted for filing.			
Please return all correspondence concern	ing this matter to:			
BILL PHILLIPS				
(Contact Person)				
AZTEC PROPERTY ENTE (Firm/Company)	ERIRDES, LIC			
244 AZTEC DR, (Address)				
WINTER SPRINGS FL 3. (City/State and Zip Code)	2708			
For further information concerning this n	natter, please call:			
BICL PHICLIPS	at ( <u>407</u> ) <u>782-7020</u> (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payab	ole to the Florida Department of State for:			
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A PR	огиа Еникеа главину Сотрану)			
The Articles of Organization for this Limited Liabilit	ty Company were filed on <i>[0]</i> 31	2013 and assigned		
Florida document numberL\30001532	69_			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<del></del>		
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX</u>	2	2015 JUL 2015 JUL		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, enter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street a	ddress		
		. Florida		
	City	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 adde or removed from our records: MGR = Manager · AMBR = Authorized Member **Address Type of Action** Title Name 1120W, ROBERTS ST. MGRIM ORANGE CITY, FL32763 Remove □ Change MGRM PULVER STEPHEN D. 48 SEMINOLE DR. DEBARY, FL 32713 ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove \_□ Change □ Add ☐ Remove □ Change □ Add □ Remove

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(If an eff Note:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Bill Otullips
	Bill Stulles. Signature of a member or authorized representative of a member
	PHILLIPS, BILLY C. Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Altach additional sheets, it necessary.)

Page 3 of 3

Filing Fee: \$25.00