L13000 153269

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Some See Linky Hame) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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10/13/21

COVER LETTER

| TO: Registration Sec Division of Corp | tion orations | | | |
|------------------------------------------|----------------------------------------------|---------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------|
| | rty Enterprises, LLC | | | |
| SUBJECT: | Name of Limit | ed Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are subn | nitted for filing. | | |
| Please return all correspon | ndence concerning this matter t | o the following: | | |
| | Bill Phillips | | | |
| | | Name of Person | | |
| | Aztec Property Enterprises, | LLC | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · | |
| | 244 Aztec Dr | | | |
| | | Address | | |
| | Winter Springs FL 32708 | | | |
| | | City/State and Zip Code | | |
| | billplds@gmail.com | | | |
| | | to be used for future annual | героп пописано | 111 |
| For further information c | oncerning this matter, please ea | all: | | |
| Jan Pilcher | | 407 61 | 70721 | |
| Name o | of Person | Area Code | Daytime Tele | phone Number |
| Enclosed is a check for t | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55,00 Filing Fee Certified Copy (additional copy is et | | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration | Section | Regist | Address: | |
| Division of (| Corporations | | on of Corpora entre of Talla | |
| P.O. Box 63 Tallahassee, | | | | reet, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Florida Limited I | ny as it now appears on our recor Liability Company) | rus.) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------|
| The Articles of Organization for this Limited Liability Company Plorida document number 1.13000153269 | were filed on October 31, 201 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | |
| he new name must be distinguishable and contain the words "Limited Liabil | | Cor the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 703 Deerfoot Rd Deland, FL 32720 | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| San and an all the san it was the sand and a | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | address on our records, <u>ente</u> | r the name of the new regist |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>ente</u> | r the name of the new regist |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | address on our records, <u>ente</u> Enter Florida street addre | : . |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: | Enter Florida street addre | ess. |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | Enter Florida street addre | : . |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: | Enter Florida street addre | PloridaZip Code |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|-------------------|----------------|
| MGRM | Michael D Pulver | 703 Deerfoot Rd | ≡ Add |
| | | Deland, F1, 32720 | |
| | | | ☐Change |
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| | other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| an effective date | if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ctive date on the Department of State's records. |
| record specific Lis filed. | is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated <u>8</u> | 5/202/ Bignature of a member or authorized representative of a member |
| | BILLY C. PHILLIPS Typed or printed name of signee |

Filing Fee: \$25.00