

L 14000034860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

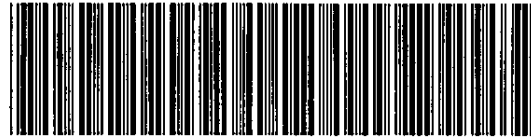
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR -7 PM 3:54

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MALIBU PROPERTY MANAGEMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDAH BURSTYN

Name of Person

MALIBU PROPERTIES MANAGEMENT LLC

Firm/Company

3301 NE 183 ST UNIT 508

Address

AVENTURA FLORIDA 33160

City/State and Zip Code

JBPRIMEREALTY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDAH BURSTYN

Name of Person

at (**305**) **992_5561**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MALIBU PROPERTY MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 1, 2014 and assigned Florida document number L14000034860.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MALIBU PROPERTIES MANAGEMENT LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or 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)

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REGISTRY OF STATE
MILWAUKEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **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 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

Title Name Address Type of Action

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CLERK OF SUPERIOR COURT
ALLIANCE FLORIDA
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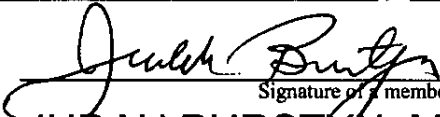
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 3, 2014



Signature of a member or authorized representative of a member

JUDAH BURSTYN, MGR

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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