## L14000041764

(Re	equestor's Name)	
: (Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

216 DEC 28 PH 4: 15

Zip Code

·; :: .

T & B 1101 PROPERTY MANAG	•		
(Name of the Limit	ted Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L14000041764	iability Compan	y were filed on 3/12/2014	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
14130 PROPERTY MANAGEMENT, LLC			
The new name must be distinguishable and contain the v	vords "Limited Lial	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered o	•		enter the name of the new
registered agent and/or the new registered o	ince auuress ne	<u>a c</u> .	
Name of New Registered Agent:	Lawrence S.	Klitzman	
New Registered Office Address:	1391 Sawgras	ss Corporate Parkway	
<u></u>	<u> </u>	Enter Florida street address	
	Sunrise	Floric	da <sup>33323</sup>

## 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.

City

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	Related Management, LLC	1200 Holiday Drive, Unit #1101	<b>_</b>
	<u> </u>	Ft. Lauderdale, FL 33316	☐ Remove
•			☐ Change
			Remove
			□ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

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`ffectiv	e date, if other than the date of filing: January I 2016 (optional)
f an effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
locume	nt's effective date on the Department of State's records.
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	90th day after the record is filed.
Dated	Devenga 15 2015
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00