# LIY0000 46904

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

FL PROPERTIES FOR YOU 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:

	Erika Rojas		
		Name of Person	
			<u></u>
	Firm/Company		
	3880 82nd A	Ave Cir E #10	3
		Address	
	Sarasota FL	34243	
		City/State and Zip Code	
	flpropertiesforyou	u@gmail.com	
	E-mail address: (	to be used for future annual repo	ort notification)
For further information	concerning this matter, please c	all:	
		at ()	
Name	of Person	Area Code I	Daytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Inling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# FL PROPERTIES FOR YOU 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 03/21/2014 and assigned Florida document number L14000046904 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

#### 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

\_, Florida

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** JOHN ROJAS PO BOX 162576 MGR = Add-Change **ALTAMONTE SPRING FL 32716** ☐ Remove ERIKA ROJAS 3880 82ND AVE CIR #103 MGR ■ Attl Change SARASOTA FL 34243 □ Remove PO BOX 51958 MGR **JORGE LUIS ROJAS** E ALL Change SARASOTA FL 34232 ☐ Remove □ Add ☐ Remove □ Add **₽**Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional shee Updating address for members and adding midd	. ,
Jorge Rojas it should be Jorge Luis Rojas	
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more that the date this document is filed by the Florida Department of State)	(optional) nn 90 days after
Dated March 24 , 2014	
Etwo.	
Signature of a member or authorized representative of a member of	ber
Typed or printed name of signee	•

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Filing Fee: \$25.00