L14000073411

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1/29/21

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Naw Life 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:
Ernesto Rodriquez Name of Person
New Life Property Monagement LLC
8615W 857.
City/State and Zip Code rewlife. medical a yahoo. Com E-mail address: (to be used for future annual report hotification)
E-mail address: (to be used for future annual report Motification) For further information concerning this matter, please call:
Ernesto Rodiguez at (305) 3008315 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Life 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 Co	mpany were filed on _ 5	16/2014	and assigned
Florida document number <u>L1400007341</u>	11	1 1	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
			020
			EC
Enter new mailing address, if applicable:			2 [
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our recoi	rds, <u>enter the name</u>	of the flew registered
New Registered Office Address:			
Name of New Registered Agent: New Registered Office Address:	Enter Florida s	street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Chaj	duties, and I am fa pter 605, F.S. Or, i	umiliar with and f this document is
	If Changing Registered Agent,	Signature of New Regi	stered 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
<u>Amb</u> R	Ernesto Rodriguez	8615W 8 St	XAdd
	O	Miami, FL 33130	□Remove
			□Change
AMBR	Idelfonso Kuan	86156854.	SAdd
		Miami, FC 33130	□Remove
			2010 Lhange
			2000 DEC
			□ CHange
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(If an effe Note:	ve date, if other than the date of filing:	
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	ter the
Dated _.	Signature of a member or authorized representative of a member	
	Ernesto Rodriguez	

Filing Fee: \$25.00