L14000081101

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only State Lips Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Div	ision of Cor	porations		
SUDIECT.	FLORIDA	NEW PROPERTY GROUP I.	I.C	
SOBJECT.		Name of Lim	ited Liability Company	- 100
The second second	l danskala a sa C		and a different form	
rne enclosed	Articles of .	Amendment and fee(s) are sub	mitted for tiling.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ARIEL GIGLIO		
			Name of Person	
		DELUXE REALTY LLC		
			Firm/Company	
		5481 WILES RD STE 505		
			Address	
		COCONUT CREEK FL 3	3073	
			City/State and Zip Code	
		ariel.giglio@deluxerealty.u		
			to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ea	all:	
ARIEL GIG	LIO		954 623-7527	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA NEW PROPERTY FROUP LLC		
(<u>Name of the United Liability C</u> (A Florida Lin	ompany as it now appears on our records, ited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on 05/19/2014	and assigned
Florida document number L14000081101		
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 contain 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 ADDRES.	<u> </u>	
	 -	
		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		, 186 <u></u>
		Aller Aller
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	Cuy	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 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	SHARP MANAGEMENT CROUP	5481 WILES RD SUITE 503	
		COCONUT CREEK FL 33073	_ R emove
			Change
MGR	LAURA TROBO	5481 WILES RD SUITE 505	Add
		COCONUT CREEK FL 33073	Remove
			Change
			Add
			Remove
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Filing Fee: \$25.00