1400088566

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2## DEC 13 14 2:21

DEC 19 2017 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T: <u>MiChoacan Property Maintenance LLC.</u> Name of Limited Liability Company	
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
	Cesar Correa Name of Person	
	Firm/Company	
	12001 NW 354 St. Scite 203	
	Coral Springs FL. 33065 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furt	er information concerning this matter, please call:	
	Cesar Correa at (954) 729 3454 Name of Person Area Code Daytime Telephone Number	
Enclose	is a check for the following amount:	
Ľ \$25	00 Filing Fee	

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle Tallahassee, FL 32301

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

Michoucan Property (Name of the Limited Liability (A Florida Liability)	Company as It now apperimited Liability Company	nrs on our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on _	05/27/14	and assigned
florida document number <u>L14000088566</u>	,		-
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limite	d liability company l	<u>nere</u> :	
Michacuri Property Mai	intenance d Liability Company," the	Service S designation "LLC" or	the abbreviation "L.I.C."
nter new principal offices address, if applicable:	M		-
Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		ω
			.>
nter new mailing address, if applicable:			- N
Mailing address MAY BE A POST OFFICE BOX)			•
. If amending the registered agent and/or register egistered agent and/or the new registered office address Name of New Registered Agent:	red office address o	on our records, <u>c</u>	enter the name of the
New Registered Office Address:			
	Enter Fl	orida street address	
		, Floric	la
	City		Zıp Code
ew Registered Agent's Signature, if changing Registered A	vgent:		
hereby accept the appointment as registered agent and	d agree to act in this	capacity. I furthe	er agree to comply with

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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ffective da	ate, if other than	the date of filing:	nnot be prior to date of filing or mor	(optional)	
<u>ote:</u> If the	date inserted in thi	s block does not mee	t the applicable statutory filing:	e man 90 days after filing.) F requirements, this date w	ursuant to 605.020 ill not be listed a
ocument's	effective date on th	e Department of Stat	e's records,		
e record : The 90th	specifies a delar n day after the i	yed effective dat record is filed	e, but not an effective tin	ne, at 12:01 a.m. or	n the earlier
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-		Signature of a mer	nber or authorized representative of	f a member	- (; , ,
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_		Cesan	ped or printed name of signee		·,
		ıy	ped of printed name of signee		1.35 - 7.25
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Filing Fee: \$25.00