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| Special Instructions to | Filing Officer: | |
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SECNETARY OF STATE
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COVER LETTER

| TO: Registration Section Division of Corpo | | • | | | | | |
|--|--|---|--|--|--|--|--|
| La Rosa Pi | roperty Management LL | _C | | | | | |
| SUBJECT: | Name of Limited | Liability Company | | | | | |
| The enclosed Articles of An | nendment and fee(s) are submit | tted for filing. | | | | | |
| Please return all corresponde | ence concerning this matter to | the following: | | | | | |
| | Joseph La Rosa | | | | | | |
| | | Name of Person | | | | | |
| | La Rosa Property Mar | nagement LLC | | | | | |
| | | Firm/Company | | | | | |
| | 1420 Celebration Blvd | , Ste 200 | | | | | |
| | | Address | | | | | |
| | Celebration, FL 34747 | , | | | | | |
| City/State and Zip Code | | | | | | | |
| | safdar@larosadev.com | l be used for future annual report notificati | on) | | | | |
| | · · | - | ony | | | | |
| | cerning this matter, please call: | | | | | | |
| Safdar Ali | | 321 939-3748 at () | | | | | |
| Name of P | erson | Area Code Daytime Tel | ephone Number | | | | |
| Enclosed is a check for the | following amount: | | | | | | |
| □ \$25.00 Filing 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: 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

| La Rosa Property Management LLC | | | |
|--|--|---|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appointments | pears on our records.) ny) | |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L14000139015</u> . | vere filed on | 09/05/2014 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabili | ty company | <u>v here</u> : | |
| The new name must be distinguishable and end with the words "Limited Liability | ty Company," | the designation "LLC" or t | he abbreviation "L.L.C." |
| 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 registered agent and/or the new registered office address here: | ce address | on our records, ent | er the name of the new |
| The state of the s | | | TACO |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | DEC RETARY |
| | Enter | Florida street address | SSEE TO SEE TO S |
| | City | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | 2:56 ORI |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance ovided for i ddress, I he | e of my duties, and I a in Chapter 605, F.S. (ereby confirm that the | m familiar with and Or, if this document is |

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 **Type of Action Address** Title Name 1420 Celebration Blvd, Ste 200 MGR Joseph La Rosa ■ Add Celebration, FL 34747 ☐ Remove □ Remove ☐ Add □ Remove _□ Add ☐ Remove □ Add ☐ Remove

| If amending any other information, enter | change(s) her | e: (Attach addi | tional sheets, if necessary, |
|--|------------------|----------------------|---|
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| ffective date, if other than the date of filing the effective date must be specific, cannot be prior to the date this document is filed by the Florida Department. | ing: | iled date and canno | (optional) t be more than 90 days after |
| December 12th | 2014 | | |
| A So | | | |
| Joseph La Prosa | a member or auth | orized representativ | ve of a member |
| | Typed or print | ed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALL'AHASSEE, FLORIC