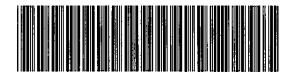
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COVER LETTER

	egistration Sect vision of Corpo				
SUBJECT	1045 prop	LLC			
SUBJECT		Name of Limi	ited Liability Company		
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.		•
Please retur	rn all correspond	dence concerning this matter	to the following:		
		Cindy Lee Ross			
		- · · · · · · · · · · · · · · · · · · ·	Name of Person		
		1045 Prop LLC			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		4035 North Meridian	ı Ave		
			Address	 	
		Miami Beach FL			
			City/State and Zip Code		
		cincolors@gmail.com) to be used for future annual rep	- out notification)	
For further	information cor	ncerning this matter, please ca		on nonneadony	
	Name of I	Person	at () Area Code	Daytime Telephone 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)	ed) Certified	e of Status &

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

1045 Prop LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 09/16/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		三 名 二
(Principal office address MUST BE A STREET ADDRESS)		
		O TO THE PARTY OF
Enter new mailing address, if applicable:		ASSEE, FLORIDA
(Mailing address MAY BE A POST OFFICE BOX)		25 25 E
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		nter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner Fioriau sireei aaaress	
·	, Florid	la
	ϵm	zin coae

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Gideon Barazani	320 80 street	
		Li Add
	Miami Beach FL 33141	Remove
Cindy Lee Ross	4035 North Meridian Ave apt 105	Add
	Miami Beach FL 33140	□ Remove
	·····	□ Remove
		□ Add
		□ Remove
		□ Add
		□ Remove
		☐ Remove
	Cindy Lee Ross	Miami Beach FL 33140

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ive da	te, if other than the date of filing:
	te, if other than the date of filing: (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ocument is filed by the Florida Department of State)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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