# W 4000145645

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04/08/16--01008--004 \*\*25.00

Amend



APR 13 2016 N. CAUSSEAUX

## **COVER LETTER**

TO

Registration Section Division of Corporations

10431 Property, LLC.			

SUBJECT: 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: Marisol Palacios Name of Person Firm/Company 400 N.W. 74 AVE Address MIAMI, FL 33126 City/State and Zip Code Marisolpalacios2009@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marisol Palacios 786 406-5799 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$30.00 Filing Fee & \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

**MAILING ADDRESS:** 

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

### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

# TO ARTICLES OF ORGANIZATION OF

10431 Property, LLC.

(Name of the Limi	ted Liability Compar	y as it now appears on iability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L14000145645  This amendment is submitted to amend the following the control of the	iability Company		
A. If amending name, enter the new name of	f the limited liabi	lity company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabili		
Enter new principal offices address, if applied	cable:	400 N.W. 74 AVE, N	IIAMI, FL 33126
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	or registered of	fice address on our	
Name of New Registered Agent:	Marisol Palacios		
New Registered Office Address:	400 N.W. 74 AV	Æ	
	Enter Florida street address		
	MIAMI		, Florida <sup>33126</sup>
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere	ed agent and agre	e to act in this capa	city. I further agree to comply with the

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

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Marisol Palacios	400 N.W. 74 AVE, MIAMI, FL 331 <b>76</b>	■ Add
			□ Remove
			□ Change
MGRM	Habib Geagca	400 N.W. 74 AVE, MIAMI, FL 331 <b>26</b>	Add
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e record specifies a delayed e The 90th day after the record	ffective date, bu d is filed.	t not an effec	tive time, at 12:	01 a.m. on th	e earlier c
APRIL 4TH	, 2016	·			
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Sie	gnature of a member or	authorized represe	ntative of a member	· -	

Page 3 of 3

Filing Fee: \$25.00