L14000145649

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SUBJECT: _

COVER LETTER

Registration Section Division of Corporations

2841 Property, LLC.

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Marisol Palacios		
		Name of Person	
		Firm/Company	
	400 N.W. 74 AVE		
		Address	
	MIAMI, FL 33126		
	Marisolpalacios2009@hotr	City/State and Zip Code nail.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Marisol Palacios		786 406-5799	
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fec & 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

TO ARTICLES OF ORGANIZATION OF

2841 Property, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L14000145649 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." 400 N.W. 74 AVE, MIAMI, FL 33126 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 400 N.W. 74 AVE, MIAMI, FL 33126 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Marisol Palacios Name of New Registered Agent: 400 N.W. 74 AVE New Registered Office Address: Enter Florida street address MIAMI

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

<u>eor removed from our records</u>:

AGR = 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 7.6	
			□ Remove
			☐ Change
MGRM	Habib Geagea	400 N.W. 74 AVE, MIAMI, FL 331 26	Add
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ctive date, if other than the date of effective date is listed, the date must be spe-	cific and cannot be prior	to date of filing or m	ore than 90 days aft	t ional) er filing.) Pursua	ant to 605.02
If the date inserted in this block does ment's effective date on the Department	es not meet the applice ent of State's records	able statutory filing	g requirements, th	nis date will no	t be listed
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Filing Fee: \$25.00