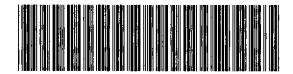
# LIHAMINAT

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

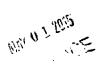
Office Use Only



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# **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	Name of Limi	International led Liability Company	property Mana	gement	L
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Hevin Geib Name of Person			
		Firm/Company			
	396	f N Tanner R	el		
	E-mail address (t	Address  Address  Address  Lity/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	2826 Com	2815 APR 24	The state of the s
For further information c	oncerning this matter, please ca	11:	नीते <b>-&lt;</b> चार्च हार प्रमाणि	PH I	į.
Name o	Kevin Geil	at (467) 273 Area Code Daytime	708 4 22 Telephone Number	<u>ه</u> ( الله الله الله الله الله الله الله ال	
Enclosed is a check for the	ne 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 Statu Certified Copy (additional copy is encl-		

### 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

Tva Liternation (Name of the Limited Liability Co. (A Florida Lin	Ompany as I now appears of mited Liability Company)	Manafen our records.)	nent	LLC
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	/18/2014		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	I liability company here:			
The new name must be distinguishable and end with the words "Limited	d Liability Company," the design	gnation "LLC" or the abl	oreviation "L	L.C."
Enter new principal offices address, if applicable:		• • • • • • • • • • • • • • • • • • • •	<u></u>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>		2815 APR 2	CHECKAGO CONTRACTOR OF THE CON
Enter new mailing address, if applicable:		i i		
(Mailing address MAY BE A POST OFFICE BOX)		r S	PH 3:	S ORIVERS
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, <u>enter tl</u>	he name o	of the new
Name of New Registered Agent:	Kevin	Geib Tanner R street address		
New Registered Office Address:	3964 N	Tanner R	d	<del></del>
	Mando Cito	, Florida7	-1 32 Zin Coda	826
	City		zip Coue	

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Florida Real Estate E	nterprise LCC	t <b>x</b> Add
		3964 a Tanner Rd	
		March 7132826	
MGR	Bei Ting Geib	3964 N Tanner Rd	
	. J	Marlo Fl 32826	Remove
	<u></u>		Add
			Remore
			APR 24
			PR 24 PR SIA Remove
			Remove
			🗆 Add
			□ Remove
	<del> </del>		🗆 Add
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	No			
E.	Effective date, if other than the date of filing:	<del></del>		
	Dated 4/20/15.  *** Revi. Let'h  Signature of a member or authorized representative of a member			
	Typed or printed name of signee			
		ALLANASTER	2015 APR 24 PM	
	Page 3 of 3	STATE	3: 16	

Filing Fee: \$25.00