214000152017

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COVER LETTER

10:	Division of Corp				
SUBJE	Prop OH 95				
SUBJE	.cr:	Name of Limited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	return all correspo	ndence concerning this matter	to the following:		
		Kimberly H. Novotny			
			Name of Person		
		Executive Properties World	dwide, LLC		
			Firm/Company		
		P.O. Box 8611			
			Address		
		Coral Springs, FL 33075			
		kevinandkimnovotny@com	City/State and Zip Code acast.net		
		E-mail address: (to be used for future annual report notifi	cation)	
For furt	ther information co	oncerning this matter, please co	all:		
Kimbe	rly H. Novotny		561 789-3379 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	e following amount:			
\$25	5.00 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company))	
The Articles of Organization for this Limited Liability Company L14000152017 Lorida document number	were filed on September 29, 2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Executive Properties Worldwide, LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"		
Enter new principal offices address, if applicable:	3255 NW 94th Ave.#8611	15 J	
Principal office address MUST BE A STREET ADDRESS)	Coral Springs, FL 33075		
		SSX O	
Enter new mailing address, if applicable:	P.O. Box 8611	GF STA	
Mailing address MAY BE A POST OFFICE BOX)	Coral Springs, FL 33075	THE W	
	ffice address on our records,	enter the name of the	
registered agent and/or the new registered office address her			
registered agent and/or the new registered office address her			
	<u>e</u> :		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member .		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Remove
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fective date, if other than the seffective date is listed, the date muote: If the date inserted in this becoment's effective date on the I	slock does not meet the appl	icable statutory filing re-	(optional) han 90 days after filing quirements, this date	;) Pursuant to 605.020' will not be listed as
record specifies a delaye The 90th day after the re		ot an effective time	e, at 12:01 a.m.	<u> </u>
	2 015		, j 5	
ated June 13	0 8/1	·	; ;	SRY O
	ly H. Nov	horizes representative of a	member	6 AM II: 03

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Filing Fee: \$25.00