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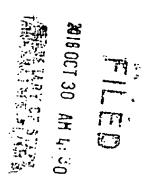
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## **COVER LETTER**

TO: * Registration Section Division of Corporations
SUBJECT: A+M Proberty Management LLC 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:
Alain M topoz
Asm Property Management LLC Firm/Company
3640 South 58th Street
Tampa FL 33619 City/State and Zip Code
t-mail address: (to be used for future annual report notitication)
For further information concerning this matter, please call:
Alain M Lapez at (813) 471 - 2424  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$\Bigcup \$25.00 Filing Fee & \Bigcup \$60.00 Filing Fee, 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 m Palant management

(Name of the Limited Li	ability Company as it now appears on ou orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on	:
This amendment is submitted to amend the followin	g:	
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 designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		Florida
	City	Zip Code

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

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria A. Robona	2407 5. 77 th Street  Tampa FL 33615	Add
		Tampa Fl 33615	Remove
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			Add
			Remove
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f an effective date is li Note: If the date in:	her than the date of filing:ed, the date must be specific and cannot be prior to decreted in this block does not meet the applicable date on the Department of State's records.	ite of filing or more than 90 days after filin	ig.) Pursuant to 605.0
	es a delayed effective date, but not an fter the record is filed.	n effective time, at 12:01 a.m	. on the earlier
Dated <u></u>	L 21 / 2018.		
	$A_1A \mathcal{N}I$	d representative of a member	

Page 3 of 3

Filing Fee: \$25.00