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## **COVER LETTER**

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TO: Registration S Division of Co						
PROPERT SUBJECT:	Y MATTERS LLC					
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
	ondence concerning this matter					
	PAUL ROSS					
		Name of Person				
	PROPERTY MATTERS L	LC				
	Firm/Company					
	129 S STATE RD 7, SUIT	E 401B				
		Address		¥0, ≥		
	WELLINGTON, FL 33414	4		ECR LLA		
	PAULROSS@FIDELITYR	City/State and Zip Code		DEF Z AHASS		
	<del>-</del>	to be used for future annual report notif	ication)	mi Min −		
For further information	concerning this matter, please ca	all:		FLOR FLOR		
PAUL ROSS		561 282 - 1881		TATE ORIO,		
Name	of Person		Telephone Number			
Enclosed is a check for	the 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 Filin Certificate Certified Co (additional co)	of Status &		
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n rations			

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPERTY MATTERS LLC							
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our .iability Company)	records.)				
The Articles of Organization for this Limited L Florida document number L15000048390				and assign	ed		
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	f the limited liab	ility company here:					
The new name must be distinguishable and contain the v	ords "Limited Liabil	ity Company," the designation	n "LLC" or the abl	previation "L.L.C			
Enter new principal offices address, if applicable:		129 S STATE RD 7, SU	JITE 401B				
(Principal office address MUST BE A STREE		WELLINGTON					
		FL 33414					
Enter new mailing address, if applicable:		129 S STATE RD 7, SU	JITE 401B				
(Mailing address MAY BE A POST OFFICE	BOX)	WELLINGTON					
		FL 33414					
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her		ecords, <u>enter</u>	the name of 2015 S	the nev		
Name of New Registered Agent:	PAUL ROSS			AN TO	7		
New Registered Office Address:	129 S STATE	RD 7, SUITE 401B,	<u> </u>	SEX 2	_=		
	WELLINGTO	Enter Florida stree  N  City	, Florida	Tay Code	ED		
New Registered Agent's Signature, if changing	Registered Agent:		<b>A</b>	0.			

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PAUL S ROSS	129 S STATE ROAD 7	
		SUITE 401B	Remove
		WELLINGTON, FL 33414	☐ Change
MGR	GEORGE D PERLMAN	1441 BRICKELL AVENUE	Add
		SUITE 1400	■ Remove
		MIAMI, FL 33131	☐ Change
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Filing Fee: \$25.00