# L15000053139

| (Req                                    | juestor's Name)  |           |
|---|------------------|-----------|
| (Add                                    | lress)           |           |
| (Add                                    | Iress)           |           |
| (City                                   | /State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT           | MAIL      |
| (Bus                                    | iness Entity Nan | ne)       |
| (Document Number)                       |                  |           |
| Certified Copies                        | Certificates     | of Status |
| Special Instructions to Filing Officer: |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  | i         |





000271314990

04/03/15--01014--001 \*\*25.00

SECR. TERY OF COMPANY TIONS
ON THE TRANSPORT OF COMPANY TO THE

C1.29/6

## COVER LETTER

| TO: Registration Section  Oivision of Corporations  |
|---|
| SUBJECT: the fleal Properties of South Florida, 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:   |
| Kelly Paclecs Name of Person  |
| the feal n proportion of South florida, LLC   |
| 670 pe 93 st 8  Address   |
| High FL 33138  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| KELLY Pacheco at 305, 495507Z.  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



| the lealn Pio  | perties or South (15 APR-3 PM12: 32   |
|--|---|
| (Name of the Limited Lia<br>(A Flo   | bility Company as it now appears on our records.) orda Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number                      | y Company were filed on <u>63/25/2015</u> and assigned                            |
| This amendment is submitted to amend the following   | y;  |
| A. If amending name, enter the new name of the   | limited liability company here:   |
| The new name must be distinguishable and end with the words  | "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |   |
| (Principal office address MUST BE A STREET AD  | DRESS)  |
|  | ** ************************************   |
| Enter new mailing address, if applicable:  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
|  |   |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a | egistered office address on our records, enter the name of the new                |
|  |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | Enter Florida street address  |
|  | , Florida   |
|  | City Zin 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| MGR = Manager AMBR = Authorized Member |                 |                               |                |  |
|--|-----------------|-------------------------------|----------------|--|
| Title                                  | <u>Name</u>     | Address                       | Type of Action |  |
| AHBR                                   | Maria T. Jachew | 670 NE 73 ST                  | E Add          |  |
|  | 1               | 670 No 93 st<br>MiamiFL 33138 | □ Remove       |  |
|  |                 |                               |                |  |
|  |                 |                               | □ Remove       |  |
|  |                 |                               |                |  |
|  |                 |                               | ☐ Remove       |  |
|  |                 |                               |                |  |
|  |                 |                               | □ Remove       |  |
|  |                 |                               |                |  |
|  |                 |                               | □ Remove       |  |
|  |                 |                               |                |  |
| <del> </del>                           |                 |                               | Add            |  |
|  |                 |                               | ☐ Remove       |  |
|  |                 |                               |                |  |

| •         |   | નાવો  |
|-----------|---|---|
| _         | , ,   | SECRETARY OF STATE<br>OLVISION OF CORPORATION |
| -         |   | 15 APR -3 PM 12: 32                           |
| -         |   |   |
| _         |   |   |
| (The effe | retive date, if other than the date of filing: #PO() Fective date must be specific, cannot be prior to date of receipt or file ate this document is filed by the Florida Department of State) | d date and cannot be more than 90 days after  |
| Dated     | 1 March 30, 2015  | ally Poologo                                  |
|           | Signature of a member or authori  | zed representative of a member                |

Page 3 of 3

Filing Fee: \$25.00