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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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	(COVER LETTER	
TO: Registration S Division of Co			
DYNAST' SUBJECT:	Y PROPERTIES LLC		
	Y PROPERTIES LLC Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	LAZARO DINH		
		Name of Person	
	DYNASTY PROPERTIES	LLC	
		Firm/Company	
	1314 E LAS OLAS BLVD	1210	
		Address	·
	FT LAUDERDALE FL 33.	301	
		City/State and Zip Code	
	FLHANH@GMAIL.COM		
		o be used for future annual report noti	fication)
For further information (concerning this matter, please ca	dl:	
LAZARO DINH		786 6930231	
Name (of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee, Certificate of Statu

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

DYNASTY PROPERTIES LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 7/30/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
N/A	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1314 E LAS OLAS BLVD 1210
(Principal office address MUST BE A STREET ADDRESS	FT LAUDERDALE FL 33301
Enter new mailing address, if applicable:	SAME
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: SAME	d office address on our records, enter the name of the here:
New Period Office Address	ASS.
New Registered Office Address:	Enter Florida street address Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:

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>	Name	Address	Type of Action
AMBR	DYNASTY REVOCABLE TRUST	1314 E LAS OLAS BLVD 1210	🗆 Add
		FT LAUDERDALE FL 33301	□ Remove
			Change
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ffective date, if other t an effective date is listed, the ote: If the date inserted ocument's effective date	e date must be spec in this block doc	rific and cannot be p is not meet the ap	prior to date of fili plicable statuto	ng or more than 90 d	_(optional) lays after filing. ents, this date) Pursuant	to 605.0 be listed
e record specifies a The 90th day after	detayed effect the record is	tive date, but filed.	not an effec	tive time, at 1	2:01 a.m.	on the	earlier
ated 10/26	W1	. 2017					
.1 ///	7 /						
				entative of a member			

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Filing Fee: \$25.00