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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration S Division of Co				
enn rez		OPERTIES LLC			
SUBJEC	-l:	Name of Lim	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please re	turn all corresp	ondence concerning this matter	to the following:		
		HARRY M SAMUELS			
		···	Name of Person		
		REGISTERED AGENTS	OF SOUTH FLORIDA INC		
			Firm/Company		
		2901 STIRLING ROAD-S	2901 STIRLING ROAD-SUITE 307		
		Address			
		FT LAUDERDALE, FL 3	3312		
			City/State and Zip Code	· · · <u>- · · · · · · · · · · · · · ·</u>	
		harry@samuelsaccounting.			
		E-mail address: (to be used for future annual report notif	ication)	
For furth	er information of	concerning this matter, please c	all:		
HARRY	Y M SAMUELS	3	954 966-1350 at ()		
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for t	he following amount:			
\$25.0	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 Bullding
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 NOV 30 PM 2: 16

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MYK PROPERTIES LLC		
(Name of the Limited 1 (A f	Jability Company as it now appears on our records. Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on AUGUST 7 2015	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> address here:	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		***************************************
	Enter Florida street address	
	, Florida	
	City	7in Coda

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MAGDY M KOTB	2555 COLLINS AVENUE #803	■ Add
		MIAMI, FL 33140	☐ Remove
			☐ Change
MGR	SONIA M KOTB	2555 COLLINS AVENUE #2555	
	••	MIAMI, FL 33140	□ Remove
			□ Change
		M	☐ Remove
		1 AM 2000 00 00 00 00 00 00 00 00 00 00 00 0	
			Add
			☐ Remove
			□ Change
		\$100 miles	
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
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	_XX	54 30 TICE
	. 연역 - 건성	程 2:
	- 8	31 :5
E. Effective date, if other than the date of filing:	605.0207 (3)(b) isted as the)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear (b) The 90th day after the record is filed.	lier of:	
Dated NOVEMBER 19, 2015		
Signature of a member or authorized representative of a member		
MIRAL M KOTB Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00