# LISOUD 153136

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# **COVER LETTER**

Enclosed is a check for t \$25.00 Filing Fee	he following amount:  □ \$30.00 Filing Fee &  Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Elling Certificate Certified Co	of Status &
Name o	of Person	Area Code Daytime	Telephone Number	
viviana eslenazi		786 3385936 at ()	LL AR	
For further information of	concerning this matter, please co	alleger of the second	A vs	<u>~</u>
	E-mail address: (	to be used for future annual report notifi	cation)	
-	miamihomes2015@gmail.c	City/State and Zip Code om	* * * * *	
	biscayne park, fl 33161	C'. (0	:: <u> </u>	f
		Address		
	11215 ne 8 av	1 W. Silve	gan	
		Firm/Company		
	vale properties IIc	to the second of the second		
		Name of Person		
	viviana eskenazi			٠.
Please return all correspondence	ondence concerning this matter	to the following:		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•	•
		<i>.</i>		
SUBJECT:	Name of Lin	nited Liability Company		
vale prope	rties llc			
TO: Registration S  Division of Co.			. *	

**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

vale properties no	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
(XI TOTAL DILLIO DIL	Many company
The Articles of Organization for this Limited Liability Company w	vere filed on and assigned
1 1/200 1 (010 1)	the filed on and assigned
Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
	•
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered offi	ice address on our records enter the name of the new
registered agent and/or the new registered office address here:	
and the agent and or the heart of chief action actions and the	'\
Art. C	=-1
Name of New Registered Agent:	A S S
Name Day States of Office Addition	AR S TI
New Registered Office Address:	Enter Florida street addres
•	87.22 <b>-</b>
·	, Flo <b>ride</b> ,
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	07A 2:
Thomas account the amount the amount to a second and a second a second and a second a second and	o to got in this canacity. I further gards to comply with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	: 10 act in this capacity. I jurifier agree to comply with the
accept the obligations of my position as registered agent as pr	erjoinance of my auries, and I am jumum with and
weeeps me confunction of my position as registered agent as pr	ormon for the complete coopy, and or i of these processes to

If Changing Registered Agent, Signature of New Registered Agent

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 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	albert eskenazi	11215 ne 8 av biscayne park fl 331t	<b>=</b> Add
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Page 3 of 3

Filing Fee: \$25.00