

L15000 194536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

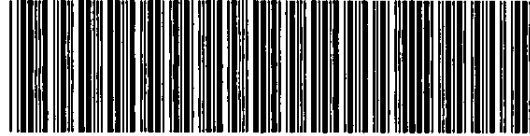
(Business Entity Name)

(Document Number)

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2016 FEB 11 PM 12:43
TALLAHASSEE FLORIDA

FEB 12 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROPERTY A.M.G., L.L.C.
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:

FRANKLIN R. RODRIGUEZ
Name of Person

PROPERTY A.M.G., L.L.C.
Firm/Company

10600 NW 88ST Suite 220
Address

MIAMI FL, 33178
City/State and Zip Code

LATINOT28@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

PROPERTY A.M.G., L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11, 17, 2015 and assigned
Florida document number L15000194536

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain 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 ADDRESS)

10600 NW 88 ST.
SUITE 220
MICANCI, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

~~Enter Florida street address~~
~~City, Florida Zip 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

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IN AND FOR THE COUNTY OF DADE
FLORIDA

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMGR MGR	GISSELL de RODRIGUEZ		<input checked="" type="checkbox"/> Add
		10600 NW 88 ST	<input type="checkbox"/> Remove
		SUITE 220	
		MIAMI, FL 33178	<input type="checkbox"/> Change
AMGR MGR	ANA I. RODRIGUEZ		<input checked="" type="checkbox"/> Add
		10600 NW 88 ST	<input type="checkbox"/> Remove
		SUITE 220	
		MIAMI, FL 33178	<input type="checkbox"/> Change
AMGR MGR	MONICA P. RODRIGUEZ		<input checked="" type="checkbox"/> Add
		10600 NW 88 ST	<input type="checkbox"/> Remove
		SUITE 220	
		MIAMI, FL 33178	<input type="checkbox"/> Change
AMGR MGR	Gissell M. RODRIGUEZ		<input checked="" type="checkbox"/> Add
		10600 NW 88 ST	<input type="checkbox"/> Remove
		SUITE 220	
		MIAMI, FL 33178	<input type="checkbox"/> Change
MGR	FRANKLIN R. RODRIGUEZ		<input type="checkbox"/> Add
		10600 NW 88 ST	<input type="checkbox"/> Remove
		SUITE 220	
		MIAMI, FL 33178	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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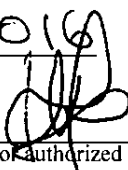
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated FEBRUARY 1, 2016



Signature of a member or authorized representative of a member

Franklin D. Rodriguez

Typed or printed name of signee

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FALLENBERG
JUL 11