# 115000194903

| (Re                     | questor's Name)   |             |
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| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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Office Use Only



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### **COVER LETTER**

| TO: Registration<br>Division of C |  |   |  |
|-----------------------------------|--|---|--|
|                                   | operty, LLC.                                 |   |  |
| SUBJECT:                          | Name of Lim                                  | ited Liability Company  | ·····  |
| The enclosed Articles             | of Amendment and fee(s) are sub              | mitted for filing.  |  |
| Please return all corres          | spondence concerning this matter             | to the following:   |  |
|                                   | Maydelis Nunez                               |   |  |
|                                   |  | Name of Person  |  |
|                                   |  | Firm/Company  |  |
|                                   | 400 N.W. 74 Ave                              |   |  |
|                                   |  | Address   |  |
|                                   | MIAMI, FL 33126                              |   |  |
|                                   | Maydelisnunez@hotmail.co                     | City/State and Zip Code<br>om                                       |  |
|                                   | E-mail address: (                            | to be used for future annual report notif                           | ication)   |
| For further information           | n concerning this matter, please ca          | all:  |  |
| Maydelis Nunez                    |  | 305 903-9045<br>at ()<br>Area Code Daytime                          |  |
| Nam                               | e of Person                                  | Area Code Daytime   | e Telephone Number   |
| Enclosed is a check for           | r the following amount:                      |   |  |
| \$25.00 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 Building
2661 Executive Center Circle
Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

| 5520 Property, ELC.   |  |   |                          |                    |
|---|--|---|--------------------------|--------------------|
| (Name of the Limi   | ted Liability Compar<br>(A Florida Limited L | iy as it now appears o<br>iability Company) | n our records.)          |                    |
| e Articles of Organization for this Limited Lorida document number L15000194903             | iability Company                             | were filed on                               | /2015                    | and assigned       |
| is amendment is submitted to amend the following  | lowing:                                      |   |                          |                    |
| If amending name, enter the new name of   | of the limited liabi                         | lity company here                           | :                        |                    |
| e new name must be distinguishable and contain the  | words "Limited Liabili                       | ity Company," the desig                     | gnation "LLC" or the abb | reviation "L.L.C." |
| nter new principal offices address, if applic   | 400 N.W. 74 AVE,                             | MIAMI, FL 33126                             |                          |                    |
| rincipal office address MUST BE A STREI   | ET ADDRESS)                                  | <del></del>                                 |                          |                    |
| Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> ) |  | 400 N.W. 74 AVE.                            | MIAMI, FL 33126          | 16 IPR -8          |
| If amending the registered agent and gistered agent and/or the new registered o             |  |   | ur records, enter t      | he name of the     |
| Name of New Registered Agent:   | Maydelis Nunez                               | 7.  |                          |                    |
| New Registered Office Address:  | 400 N.W. 74 AV                               |   |                          |                    |
|   |  | Enter Florida                               | street address           | <b>.</b>           |
|   | MIAMI  |   | , Florida                |                    |
|   |  | City  |                          | 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>   | Type of Action         |
|--------------|----------------|--|------------------------|
| MGR          | Maydelis Nunez | 400 N.W. 74 AVE, MIAMI, FL 331 <b>Z 6</b>  | Add                    |
|              |                |  | Remove                 |
|              |                |  | Change                 |
| AMBR         | Habib Geagea   | 400 N.W. 74 AVE, MIAMI, FL 331 <b>26</b>   | Add                    |
|              |                |  | ■ Remove               |
|              |                | ····   | Change                 |
| <del></del>  |                |  |                        |
|              |                |  | Remove                 |
|              |                |  | Change                 |
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|              |                |  | Remove  Remove  Change |
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|   |  |                   |                    |                | W. W.                                 |          |               |
|   |  |                   |                    |                |                                       |          |               |
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|   |  |                   |                    |                |                                       | PH       | 377,          |
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|   | <del></del>                              |                   | <u></u> .          |                | · · · · · · · · · · · · · · · · · · · | 5        | <del></del>   |
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| Maria 20 - 41 - 41 - 41 - 41 - 41 - 41 - 41 - 4   | te of filing:                            | e prior to date o | f filing or more t | opt            | ional)<br>r filing ) Purs             | suant to | 605 02        |
| nective date, it other than the datan effective date is listed, the date must be  | does not meet the a                      | applicable sta    | utory filing re    | quirements, th | is date will                          | not be   | listed a      |
| an effective date is listed, the date must be ote: If the date inserted in this block   |  | corus.            |                    |                |                                       |          |               |
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| an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department are record specifies a delayed effective as delayed effective.                         | ffective date, bu                        | ut not an e       | fective time       | e, at 12:01    | a.m. on t                             | he ea    | rlier         |
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| an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department's effective date on the Department's a delayed effective date and the record April 4TH | ffective date, bu<br>I is filed.         |                   | fective time       | e, at 12:01    | a.m. on t                             | he ea    | rlier         |
| ated  | ffective date, bu<br>I is filed.<br>2016 | ·                 |                    |                | a.m. on t                             | he ea    | rlier         |

Page 3 of 3

Filing Fee: \$25.00