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SECRETARY OF STATE

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COVER LETTER

SUBJECT:	PROPERTY	DEVELOPMENT ESTATE	LLC	
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	lence concerning this matter t	to the following:	
		SEVERINE GIANESE-PIT	ГТМАN	
			Name of Person	
		GIANESE-PITTMAN P.A		
			Firm/Company	
		100 NORTH BISCAYNE	BOULEVARD SUITE 3070	
			Address	
		MIAMI FL 33132		
			City/State and Zip Code	
		SGIANESE@SGPITTMAN		<u> </u>
		E-mail address: (t	to be used for future annual report notifica	tion)
For further in	nformation con	cerning this matter, please ca	ill:	
SEVERINE	GIANESE-PI'	TTMAN	305 722 5986	
	Name of P	erson	Area Code Daytime T	elephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 F	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:

TO: Registration Section

Division of Corporations

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

PROPERTY DEVELOPMENT ESTATE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number L150001963 A 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." 3367 SHERIDAN STREET HOLLYWOOD FL 33021 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3367 SHERIDAN STREET HOLLYWOOD FL 33021 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
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Note: If locumen	e date, if other than the date ive date is listed, the date must be the date inserted in this block t's effective date on the Depart	does not me tment of Sta	eet the applicab ate's records.	ble statutory filin	g requirements,	this date	will not b	e listed as
	Oth day after the record		,		.,			
Dated	ECEMBER 07		2015					
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