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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : PEDRO LUZGUINOS
Account Number : X20170000042
Phone : (954) 655-8413
Fax Number : (954) 432-8807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pluzguinosf@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RF 1807 PROPERTIES LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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HIT 000 2697823

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RE 1807 PROPERTIES LLC

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:

LUIS A LOPEZ

Name of Person

Firm/Company

150 S PINE ISLAND RD SUITE 300

Address

PLANTATION, FL 33324

City/State and Zip Code

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO LUZQUINOS

Name of Person

at 954 655-8413

Area Code

Daytime Telephone Number

TALLAHASSEE, FL 32301

2017 OCT 13 A 9:55

FILED

Enclosed is a check for 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/COURTIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

HIT 000 2697823

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RF 1807 PROPERTIES LLC

(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 03/03/2016 and assigned
Florida document number L16000044537

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

150 S PINE ISLAND RD SUITE 300

PLANTATION, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 S PINE ISLAND RD SUITE 300

PLANTATION, FL 33324

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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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>	<u>Type of Action</u>
AMBR	JOSEPH FRANCO	150 S PINE ISLAND RD STE 300	☒ Add
		PLANTATION, FL 33324	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

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ADAMS ST. 1000

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**CHANGE OF AUTHORIZED PERSON'S ADDRESS****OLD ADDRESS:**

Title AMGR ROSSANA FRANCO, 212 SOUTH ISLAND DR GOLDEN BEACH, FL 33160

NEW ADDRESS:

Title AMGR ROSSANA FRANCO, 150 S PINE ISLAND RD STE 300, PLANTATION, FL 33324

OLD ADDRESS:

Title AMBR ALBERTO FRANCO, 212 SOUTH ISLAND DR GOLDEN BEACH, FL 33160

NEW ADDRESS:

Title AMBR ALBERTO FRANCO, 150 S PINE ISLAND RD STE 300, PLANTATION, FL 33324

OLD ADDRESS:

Title AMBR LUIS ALEJANDRO LOPEZ, 212 SOUTH ISLAND DR GOLDEN BEACH, FL 33160

NEW ADDRESS:

Title AMBR LUIS ALEJANDRO LOPEZ, 150 S PINE ISLAND RD STE 300, PLANTATION, FL 33324

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 OCTOBER, 13 2017

Luis A Lopez

Signature of a member or authorized representative of a member

LUIS A LOPEZ

Typed or printed name of signor

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 2017 OCT 13 A 9:56
 ALABAMA SECRETARY OF STATE