L110000053981

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COVER LETTER

; curiect.	PROPERTY MATT	ERS INVESTMENTS LLC					
SUBJECT:	Name of Limi	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	MARTIN R. MALLINGER, ESQ.						
		Name of Person					
	LANDIS & MAŁLINGER, P.L.						
		Firm/Company	<u> </u>				
	980 NORTH	FEDERAL HIGHWAY, SUITE	302				
		Address					
	BOCA	A RATON, FLORIDA 33432					
		City/State and Zip Code					
	martin@landisandmallinger.com E-mail address: (to be used for future annual report notification)						
For further information co	oncerning this matter, please ca	·					
Martin l	R. Mallinger	561 391-5506 at ()					
Name of Person			ne Telephone Number				
Enclosed is a check for the	e 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)				

Registration Section
Division of Corporations

TO:

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

	IY MATTERS INVESTM		
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now app ida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Florida document number L16000053981		03/16/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," th	e designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADd	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac Name of New Registered Agent:	gistered office address o Idress here:	on our records, <u>en</u>	ter the name of the
New Registered Office Address:	Enter F	lorida street address	
		, 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 Agen

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	SIMON P. ISAACS	129 SOUTH STATE ROAD 7	
		SUITE 401B	□ Remove
		WELLINGTON, FL 33414	■ Change
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Filing Fee: \$25.00