

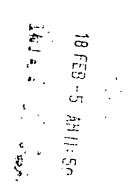
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02/05/18--01010--020 **25.00



COVER LETTER

Div	ision of Corp	orations			
SUBJECT:		ent Properties, LLC			
0011011011		Name of Limi	ted Liability Company	····	
The enclosed	d Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		Denise P. Bartley			
			Name of Person		
		72B Properties, LLC			
			Firm/Company		
		9329 Sheridan St STE 72	2		
			Address		
		Cooper City, FL 33024			
			City/State and Zip Code		
		dbartleyinv@gmail.com			
		E-mail address: (t	to be used for future annual report notifi	cation)	
For further i	nformation co	ncerning this matter, please ca	all:		
Denise P. 8			954 328-3058 at () Area Code Daytime		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	e 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:

Registration Section

TO:

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

(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Included In	Liability Company	were filed on March 17, 2	016	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
72B Properties, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation '	'LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	9329 Sheridan St STE 7	' 2	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	Cooper City, FL 33024		
Enter new mailing address, if applicable:		9329 Sheridan St STE 7	'2	<u> </u>
Mailing address MAY BE A POST OFFICE	E BOX)	Cooper City, FL 33024		<u> </u>
Enter new mailing address, if applicable:	EBOX) Mor registered o	9329 Sheridan St STE 7 Cooper City, FL 33024 ffice address on our rec		o .
			<u></u>	
Name of New Registered Agent:	Denise P. Bartley			
New Registered Office Address:	New Registered Office Address: 9329 Sherida			
		Enter Florida street ad		
	Cooper City		, Florida 3	3024
		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

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>	Name	Address	Type of Action
			Add
			□ Remove
			□ Remove
			Change
			Add Add
			☐ Remove 1
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Effective date, if other than the date of filing: [am 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 605.028 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or pathorized representative of a member	-		
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Filing Fee: \$25.00