L16 0000 65367

(Requestor's Name)	
(Address)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT .	/AIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE

MAR 22 2017 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2017

STEFHAN P MALHERBRE MALHERBE PROPERTIES LLC 1931 CORDOVA ROAD UNIT 453 FT LAUDERDALE, FL 33316

SUBJECT: MALHERBE PROPERTIES LLC

Ref. Number: L16000065307

We have received your document for MALHERBE PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 017A00004203

17 MAR 20 PM 3: 235 %

47 MAR -3 PM 1:27

COVER LETTER

TO: Ro	egistration Sect vision of Corp	ion orations		
SUBJECT	MALHERBE	PROPERTIES LLC, a Flor	ida limited liability company	
SOBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspond	lence concerning this matter	to the following:	
		Stefhan P. Malherbe		
			Name of Person	
		MALHERBE PROPERTI	ES LLC	
			Firm/Company	
		1931 Cordova Road, Unit	453,	
			Address	
		Fort Lauderdale, Florida 3	3316	ALLIA M
			City/State and Zip Code	
		stephanmalherbe@yahoo.co		<u>ن</u> کے چ
		E-mail address: (to be used for future annual report notified	ation)
For further	information con	cerning this matter, please ca	all:	MAR -3 PM 1: 2
Stefhan P.	Malherbe		1217 751-2091	27
	Name of P	erson		elephone Number
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	, a Florida limited liability company		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	1/01/2016	_ and assigned
Florida document number L16000065307	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			7
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
			- There
 If amending the registered agent and registered agent and/or the new registered of 		our records, enter the	e name of the nev
The new registered	THE HUMINGS HELE.		·•
Name of New Registered Agent:	Morris Girnun		
New Registered Office Address:	130 N.E. 4th Avenue		
	Enter Flo	rida street address	
	Decrifield Beach	, Florida	2
	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 = Manager , , AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Stefhan P. Malherbe	1931 Cordova Road	Add
		Unit 453	≅ Remove
		Fort Lauderdale, FL 33316	Change
MGR	Marinela Botezatu	1931 Cordova Road	□ Add
		Unit 453	■ Remove
		Fort Lauderdale, FL 33316	☐ Change
AMBR	Stefhan P. Malherbe	1931 Cordova Road	■ Add A
		Unit 453	□ Remove
		Fort Lauderdale, FL 33316	သ မြောင်း □ Change
AMBR	Marinela Botezatu	1931 Cordova Road	■ Add No.
		Unit 453	□ Remove
·		Fort Lauderdale, FL 33316	Change
			Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change

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Filing Fee: \$25.00