46000073285

(Danisa Ada Nasa)
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations	di	` %			
A	I D G PPO	PERTY MANAGEMENT LL	r				
SUBJE	ECT:						
¥32		Name of Lim	ited Liability Company				
	: · · · · · · · ·						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		ANGIOLINA VALENTE	GALVEZ				
		•	Name of Person				
		L D G PROPERTY MAN	AGEMENT LLC				
Firm/Company							
	1115 NE 1ST COURT, UNIT A						
	Address						
		HALLANDALE BEACH,	FL 33009				
			City/State and Zip Code				
		galvezjr@bellsouth.net					
		E-mail address: (to be used for future annual report notifi	cation)			
For fur	ther information co	oncerning this matter, please ca	all:				
ANGI	OLINA VALENT	E GALVEZ	954 630-6334 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclos	ed is a check for th	ne following amount:					
\$2.	5.00 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

L D G PROPERTY MANAGEMENT L		
(Name of the Limited Li (A FI	ability Company as it now appears on our records, lorida Limited Liability Company)	()
The Articles of Organization for this Limited Liabili	ity Company were filed on June 6, 2016	and assigned
Florida document number L16000073285		
This amendment is submitted to amend the following	g:	
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."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	0.	
B. If amending the registered agent and/or registered agent and/or the new registered office a		17.1 SECH
Name of New Registered Agent:		R R
New Registered Office Address:		SEE
	Enter Florida street address	7.00
	, Flor	rida <u></u>

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>	Address	Type of Action
MGR	LUCIA A. CHAVER	1115 NE IST COURT, UNIT A	□ Add
		HALLANDALE BEACH, FL 3300	■ Remove
	•		☐ Change
MGR	DANIEL A. GALVEZ	1115 NE 1ST COURT, UNIT A	□ Add
		HALLANDALE BEACH, FL 3300	■ Remove
			☐ Change
MGR	GRACIELA S. MURALLES	1115 NE 1ST COURT, UNIT A	Add
		HALLANDALE BEACH, FL 3300	Remove
			□ Change
MGR	CORAZON GALVEZ	1115 NE 1ST COURT, UNIT A	□ Add
		HALLANDALE BEACH, FL 3300	■ Remove
			Change
			Add
			□ Remove
			☐ Change
			
			Remove
			☐ Change

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Effec	tive date, if other than the date of filing: (option flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	ling.) Purst	iant to 6	605.0207 (3 isted as th
(If an e	If the date inserted in this block does not meet the applicable statutory filing requirements, this content's effective date on the Department of State's records.			
(If an e Note docu				

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Typed or printed name of signee

Filing Fee: \$25.00