1600009182

· (Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	· -
Certified Copies		
Special Instructions to	Filing Officer:	
<u> </u>		





100289580221

08/29/16--01043--029 **25.00

FILED

16 NUG 29 PH 12: 18

SECRETARY OF STATE
ARRESTED FLORINA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Property 130 th 12 L. L.C. 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:	
David Swette Name of Person	
Firm/Company	
7681-Lantana Creek Road	
Address	
Semmole Flourda 33000	
DOSI-Lantana Creek Road Address Senhole Flourda 33000 City/State and Zip Code Asure 1 @ Hotnail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$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 Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Property	137th la L.L.C.
(Name of the Limited Lie (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	by Company were filed on $4-3a-16$ and assigned $9/82$
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 " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or re registered agent and/or the new registered office a	<u> </u>
Name of New Registered Agent:	FILE MASSING 29
New Registered Office Address:	Enter Florida street address
	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

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 = Ma AMBR = Au	anager athorized Member				
<u>Title</u>	<u>Name</u>		<u>Address</u>		Type of Action
MGR	Property	JASSL.C	Suite #790 Seminal E, #1	thStreet 3 wrda 337	Add Remove
<u>M6</u> R	David S	Surette	9355-113th St Switz #7903 Semmole, F	1654 - - - - - - - - - - - - - - - - - - -	□ Change□ Add□ Remove
					□ Change □ Add □ Remove
<u> </u>					_□ Change _□ Add _□ Remove
				SECRETARY OF STATE TALLAHASSEE, FLORIDA	Change Add Add According to the control of the c
					_□ Remove

_ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary)			
				-
,				_
		-		-
				_
				-
				_
		·		_
				_
				_
				_
				_
				-
				-
		<u> </u>	<u></u>	_
********			<u>E</u>	
		1555 1545 1545 1545 1545 1545 1545 1545	29	- T
		三三二	72	Ö
			2: 1	_
(If an effect Note: If	e date, if other than the date of filing: Coptional	g.) Pursua		
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	. on the	e earl	ier of:
Dated	8-26 2016			
	Signature of a member or authorized representative of a member			
	signature of a member of authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00