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TO:

	Registration Se Division of Cor		•	
SUBJEC	Deacon & S	Soldier Properties, LLC		
SUBJEC	.1: <u></u>	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Rasha Elmallah		
			Name of Person	
			Firm/Company	
		4985 SW 40th pl		ST1 OF 15
			Address	
		Ocala, FL 34474		>
		relınallah@hotmail.com	City/State and Zip Code	
			to be used for future annual report notifica	tion)
For furthe	er information c	oncerning this matter, please c	all:	
Rasha El	mallah		832 455-9090 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Deacon & Soldier Properties ELC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recommitted Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Con Florida document number <u>L16000103415</u>	mpany were filed on 05-26-2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LI.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8
Principal office address MUST BE A STREET ADDRE	SS)	
		.11
		ر ر ق
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	PYY
	12/10/ 1 NOVICE SAFEE COLLEGE	54 A 7 A 7
		Florida

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	Ernest V. Martinez	P.O. Box 178. Sparr, FL 32192	
			■ Add
			□ Remove
	O : Finallah		
	Rasha Emallah		Change
MGR	-Hunter Committee -	4985 SW 40th PI	
		Ocala, FL 34474	
			■ Remove
			Change
			Change
			□ Add
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Effective date, if other tha	n the date of fil	ling:		(0	ptional)	_	
fan effective date is listed, the da Note: If the date inserted in t document's effective date on	his block does no	ot meet the appli	cable statutory fil				
ne record specifies a de The 90th day after the			ot an effective	time, at 12:0	1 a.m. d	on the ea	rlier
September 12th		2018					
(6)	0/1	_ ·	·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00