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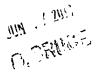
(Re	equestor's Name)	···
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	·
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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### **COVER LETTER**

Division of Corp	porations ·		
SUBJECT: Pa	*	Derty Managited Liability Company	ement, LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Papaga 914 77 Sactsmuil	Name of Person  Provers  Provers  Firm/Company)  Address  City/State and Zip Code/  Tyles de Gen  Ty	nagement, LCC  32250
			ation)
For further information co	oncerning this matter, please ca	all:	
DAVID	HAYES	at (904) 874	1 6044
Name of Enclosed is a check for the		Area Code Daytime '	Felephone Number
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

## TO ARTICLES OF ORGANIZATION OF

Papaya Prope	Hy Managene	nt	·, LLC	
\ (Name)of the Limited Liability (A Florida	ty Company as it now appears on our records. Limited Liability Company)	)	<del></del>	
The Articles of Organization for this Limited Liability C	• •	0/6	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
	<del> </del>		<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter		<u>:W</u>
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		SS 4	C estated	
	Enter Florida street address	도 되는 도 55. - \$0.55	<del>ان</del> ت	
<del></del>	City , Flor	ida <u>e</u>	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

MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>		<u>Address</u>	Type of Action
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		914 7+2 Are N Sax Beach, Fi 322	50 D Kemove
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or removed from our records:

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Effective date, if other than the date of filing: _ f an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not meet document's effective date on the Department of State the record specifies a delayed effective date The 90th day after the record is filed.	not be prior to the applical 's records.	o date of filing ble statutory	filing req	an 90 days af iirements, t	his date wi	ll not be	: listed as
The sour day after the record is flied.							
Dated // JUN 201,6	<del> </del>						
Signature of a men	ber or author	rized represen	tative of a r	) nember			
DAVIO	ped or printed	) ,	HA	105			_

Page 3 of 3

Filing Fee: \$25.00