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SECNETARY OF SIAIS TALLAHASSEE, FLORIO

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COVER LETTER

| TO: Registration Se Division of Con | | | | |
|--|---|---|---|--------------------------|
| cubicos. | SUACAR PRO | DPERTY MANAGEMEN | NT, LLC | |
| SUBJECT: | Name of Lim | nited Liability Company | | _ |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | | FRANK R. SARIOL | | |
| | | Name of Person | | _ |
| | | SARIOL LEGAL | | |
| | | Firm/Company | | |
| | 8200 | NW 41st STREET, S | Atted for filing. the following: FRANK R. SARIOL Name of Person SARIOL LEGAL Firm/Company IW 41st STREET, SUITE 200-13 Address ORAL, FLORIDA 33166 City/State and Zip Code FSARIOL@ME.COM The used for future annual report notification) Attention of Person SARIOL LEGAL Firm/Company IW 41st STREET, SUITE 200-13 Address ORAL, FLORIDA 33166 City/State and Zip Code FSARIOL@ME.COM The used for future annual report notification) Attention of Person Address ORAL, FLORIDA 33166 City/State and Zip Code FSARIOL@ME.COM Daytime Telephone Number | |
| | SUACAR PROPERTY MANAGEMENT, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: FRANK R. SARIOL Name of Person SARIOL LEGAL Firm/Company 8200 NW 41st STREET, SUITE 200-13 Address DORAL, FLORIDA 33166 City/State and Zip Code FSARIOL@ME.COM E-mail address: (to be used for future annual report notification) FORMING ADDRESS: Area Code SSUAREZ 954 Area Code Daytime Telephone Number SOUARES Certificate of Status Certificate Copy (additional copy is enclosed) ING ADDRESS: Ration Section On of Corporations on of Corporations On 6277 Cifflon Building 2661 Executive Center Circle | | | |
| | | DORAL, FLORIDA 33 | 166 | AH AH |
| | | | | 多語 トラ |
| | E-mail address: (| | | - Ffig., |
| For further information of | • | | | 다. 다. 그는 |
| JESUS | SSUAREZ | 4 | 368-5398 | |
| Name o | f Person | | Daytime Telephone Numl | ber |
| Enclosed is a check for the | he following amount: | | | |
| ■ \$25.00 Filing Fee | - | Certified Copy (additional copy is encl | Certifi losed) Certifi | cate of Status & ed Copy |
| Registi Divisio P.O. B | ration Section on of Corporations ox 6327 | Registrati Division o Clifton B 2661 Exe | ion Section of Corporations uilding cutive Center Circle | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | RTY MANAGEMENT, LLC | | | |
|--|--|--------------------|--|--|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | npany as it now appears on our records.) ed Liability Company) | | | |
| The Articles of Organization for this Limited Liability Compa Florida document numberL160000127499 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li | ny were filed on July 5, 2016 | _ and assigned | | |
| The new name must be distinguishable and contain the words "Limited Lie | ability Company," the designation "LLC" or the abbre | eviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 3325 South University Drive | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 209 | | | |
| | Davie, FI, 33328. | | | |
| Enter new mailing address, if applicable: | 3325 South University Drive | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 209 | | | |
| | Davie, FI, 33328. | . | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent: New Registered Office Address: | | e name of the new | | |
| | , Florida | Zin Cooks | | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple | nt: gree to act in this capacity. I further agree | to comply with the | | |
| accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change. | is provided for in Chapter 605, F.S. Or, if | this document is | | |
| If C | hanging Registered Agent, <u>Signature of New Regis</u> | tered 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> | Name | Address | Type of Action |
|--------------|-------------------|-------------------------|-----------------------|
| MGR | Paul W. Arrington | 642 E. Bloomingdale Ave | ■ Add |
| | | Brandon, Fl 33511 | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
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| i amending any other | information, enter cl | iange(s) ne | re: (Allach i | uaamonai she | eis, ij necessi | игу.) | |
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| ffective date, if other | than the date of filing he date must be specific and | g: | or to data of fili | ng ar mara than f | (optiona | il) 🤝 | රා රා ක 605 0207 |
| Note: If the date inserted | d in this block does not not on the Department of S | neet the appli | icable statutor | | | | |
| e record specifies a The 90th day after | delayed effective detailed. | ate, but n | ot an effec | tive time, a | t 12:01 a.m | \cdot on the ϵ | earlier of |
| ated | AUGUST 15 | 2016 | | | | | |
| | | | 7 | | | | |
| <u> </u> | Signature of a r | nember or ain | norized represe | entative of a men | nber | | |
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Filing Fee: \$25.00