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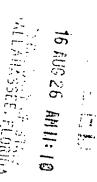
(Re	equestor's Name)	
_ (Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Co	rporations		
Property 15 SUBJECT:			
Sobject.		ited Liability Company	
The constant A. M. Lee			
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Leonardo Delgado		
		Name of Person	
	Property15 LLC		
	-	Firm/Company	<u> </u>
	11010 Nw 21st Street		
	·	Address	
	Pembroke Pines, FL 33026	5	
		City/State and Zip Code	·····
	leonardo.dlg@hotmail.com		
		to be used for future annual repor	t notification)
For further information of	concerning this matter, please c	all:	· ,
Leonardo Delgado		954 882743	3
Name o	of Person	at () Area Code Di	sytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
MAII	JNG ADDRESS:	STREET/CO	URIER ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Property15 LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number		and assigned	
This amendment is submitted to amend the following:			
chis amendment is submitted to amend the following: 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 "LLC." Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	s)		_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		~~· ~ ·	
		AUC	
		ගිදි: N	
B. If amending the registered agent and/or registere	ed office address on our records, enter t	he name of the	ne
registered agent and/or the new registered office address			j }
			(minute)
Name of New Registered Agent:			
Name of New Registered Agent.		22	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zin 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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		
MGR	Leonardo Delgado	11010 Nw 21st Street, Pembroke PINES, FC	■ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
 			Add
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ffective date, if other than the dat an effective date is listed, the date must be slote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be does not meet the ap	prior to date of filing pplicable statutory	or more than 90 of filing requirement	_ (optional) days after filing.) ents, this date v	Pursuant to vill not be	605.020 listed a)7 iS
e record specifies a delayed eff The 90th day after the record	fective date, buins filed.	t not an effecti	ve time, at 1	2:01 a.m. o	n the ea	ırlier (of
August 15 Pated	2016						
Sigr	nature of a member or	authorized represent	tative of a membe	r		-	

Page 3 of 3

Filing Fee: \$25.00