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JUL 1. 303 T. LIMARUK

COVER LETTER

TO:

Registration Section

Division of	Corporations				
SI PR	ROPERTY HOLDINGS, LLC				
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corr	espondence concerning this matter	to the following:			
	ANGEL D. CORDOVA				
		Name of Person			
	ANGEL D. CORDOVA &	& CO.			
		Firm/Company			
	780 N.W. 42 AVE STE	#325			
		Address			
	MIAMI, FL 33126				
		City/State and Zip Code			
	AR@ACORDOVA.COM E-mail address:	(to be used for future annual report noti	fication)		
or further informati	on concerning this matter, please of				
ANGEL D CORDO	VA	305 444-5511			
Name of Person		at () Area Code Daytim			
Enclosed is a check (for the following amount:				
■ \$25.00 Filing Fe	-	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
I					
Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations		

Tallahassee, FL 32301

TO

ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records:) 28 12 3: 38 The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 16, 2016 and assig Florida document number L16000175815 This 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: NA Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
MGR	MIGUEL GUARDIOLA	780 N.W. 42 AVE STE #325	
		MIAMI, FL 33126	□ Remo
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ective date, if other effective date is listed, the effective date inserted ument's effective date	ic date must be specifing this block does	ic and cannot be prior not meet the applica	to date of filing or mo able statutory filing	(optional) re than 90 days after filing requirements, this date) Pursuant to 605
ecord specifies a ne 90th day after	delayed effecti the record is fi	ve date, but not led.	an effective ti	me, at 12:01 a.m.	on the earlie
ed JUNE 2.	<u> </u>	2019			
×					
	Signature	of a member or autho	rized representative of	f a member	 -
SANTIAGO G	UARDIOLA				
		Typed or printe	d name of signee		

Page 3 of 3

Filing Fee: \$25.00