## 11700015419

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Co						
eu n	n om	PROPERTIES AT HAN	D, LLC				
SUBJ	ECT:	Name of Lim	nited Liability Company				
The er	nclosed Articles of	Amendment and fec(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
			MR. GUSTAVO GUERRERO				
			Name of Person				
		PR	OPERTIES AT HAND, LLC				
Firm/Company							
	11900 BISCAYNE BOULEVARD, SUITE 260						
	Address						
		٨	NORTH MIAMI, FLORIDA 33181				
		<del> </del>	City/State and Zip Code	<del></del>			
			pertiesathand.llc@gmail.com				
			to be used for future annual report notifi	ication)			
Çor fu	rther information c	oncerning this matter, please ca	all:				
MR.	GUSTAVO GUEF	RRERO	786 857-6801				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	ed is a check for the	ne following amount:					
□ <b>\$</b> 2	5.00 Filing Fee	S30.00 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)			

MAILING ADDRESS:

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PROPERTIES AT HAND, LLC				
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)			
he Articles of Organization for this Limited I	Liability Company were filed on _		and assigned		
orida document number 117000015419	·				
nis amendment is submitted to amend the fol	lowing:				
. If amending name, enter the new name	of the limited liability company	<u>here</u> :			
VA					
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."		
nter new principal offices address, if appli	cable: N/A	N/A			
Principal office address MUST BE A STRE.	ET ADDRESS)				
	<del></del>				
nter new mailing address, if applicable:	N/A				
Mailing address MAY BE A POST OFFICE	BOX)				
		· · · · · · · · · · · · · · · · · · ·			
	-				
. If amending the registered agent and		on our records, <u>enter t</u>	he name of the		
gistered agent and/or the new registered of	omee address here:				
Name of New Registered Agent:	N/A				
New Registered Office Address:					
	Enter F	orida street address			
		, Florida			
	City		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

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>	Address	Type of Action
P-AM	Eldy Gustavo Guerrero	1900 Biscayne Blvd #260 North Miami, FL 33181	
			Remove
		<del></del>	
VP-AM	Solange P. Suarez de Guerrero	1900 Biscayne Blvd #260 North Miami, FL 33181	
			□ Remove
			■ Change
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N/A							
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	·						
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n effectiv ste: - If th	e date is listed, the date must ne date inserted in this blo	be specific an ick does not	d cannot be prior meet the applic	to date of filing	or more than 90 d filing requireme	ays after filing.) Pr	ursuant to 605,020 Il not be listed :
cument'	s effective date on the De	partment of	State's records		inng requirem	ms, ms date wi	ii not be nated t
record	specifies a delayed	effective	date but or	nt an offactio	ia tima at 1	2.01 2 50 00	the earlier
he 90	th day after the reco	ord is filed		ot an enectiv	re time, at 1	2.01 8.111. 011	the earner
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	NOVEMBER 26		2018				
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		Ciannen - P		a mire and the control	district the second		<del></del>
		Signature of a	member or auth	orized represent:	tive of a member		<del></del>

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Filing Fee: \$25.00