L17000046211

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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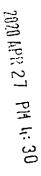
Office Use Only



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COVER LETTER

| | PROPERTY MGMT LLC | 4 |
|-------------------------|---|---|
| SUBJECT: | Limited Liability Company | |
| | | |
| The enclosed Arti | icles of Amendment and fee(s) are | submitted for filing. |
| Please return all c | orrespondence concerning this ma | itter to the following: |
| | RICKY SOUZA | |
| | 1 | Name of Person |
| | SOUZA'S TAX & AC | COUNTING PROFESSIONALS INC |
| | | Firm/Company |
| | 6239 EDGEWATER I | DRIVE, SUITE D-01 |
| | | Address |
| | ORLANDO, FL 32810 |) |
| | | City/State and Zip Code |
| | INFO@SOUZATAX.C | |
| | | sss: (to be used for future annual report notification) |
| for further inform | nation concerning this matter, plea | se call: |
| RICKY SOUZA | | 321 895-4099 |
| | Name of Person | at () Area Code Daytime Telephone Number |
| Enclosed is a chec | k for the following amount: | |
| ■ \$25.00 Filing | Fee S30.00 Filing Fee & Certificate of Statu. | S55.00 Filing Fee & S60.00 Filing Fee, Secretified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing | | Street Address: |
| - | ation Section n of Corporations | Registration Section Division of Corporations |
| P.O. Bo | - | The Centre of Tallahassee |
| Tallaha | ssee FI 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LD PROPERTY MGMT ELC | | | |
|---|--|--|----------------------|
| (Name of the Lim | ited Liability Comp: (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited I Florida document number L17000046211 | Liability Company | were filed on 02/27/2017 | _ and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liah | oility company here: | |
| | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | 2020 APR |
| Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | 70 |
| | | | 27 |
| Enter new mailing address, if applicable: | | 6239 EDGEWATER DRIVE, SUITE D-01 | PP !!! |
| Mailing address MAY BE A POST OFFICE | BOX) | ORLANDO, FL 32810 | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | address on our records, <u>enter the name o</u> | f the new registered |
| Name of New Registered Agent: | SOUZA'S TAN | (& ACCOUNTING PROFESSIONALS INC | |
| New Registered Office Address: | 6239 EDGEW | ATER DRIVE, SUITE D-01 | |
| | | Enter Florida street address | |
| | ORLANDO | Florida ³²⁸¹⁰ | |
| | | Cin | 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> | Name | Address | Type of Action |
|--------------|----------------|---|----------------|
| AMBR | OLSEN, MIKEL A | | □Add |
| | | | _ □Remove |
| | | 28 LAFAYETTE AVENUE, SORRENTO, FL 32776 | 6 ≣Change |
| AMBR | LANDERS, KYLE | | 🗆 Add |
| | | | □Remove |
| | | 2839 EUSTON ROAD, WINTER PARK, FL 32789 | |
| | | | _ ElAdd |
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| Note: | tive date, if other than the date of filing: |
| the reco | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the field. |
| Dated | x Milw Ollin |
| | Signature of a member or authorized representative of a member |
| | |
| | MIKEL A OLSEN Typed or printed name of signee |

Filing Fee: \$25.00