LITOCOC TELAIS

(Re	equestor's Name)	
(Ad	idress)	
	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600352094066

09/15/20--01027--001 **50.00



OCT 24 2020 S. YOUNG

COVER LETTER

ro:

Registration Section Division of Corporations

SUBJECT:	1250 PROF	PERTY MGT, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returr	n all correspo	ndence concerning this matter	to the following:	
		Gina R. Chevallier		
			Name of Person	
Law Office of Gina R. Chevallier Firm/Company				
			Firm/Company	
		2600 S. Douglas Road, Sui	ite 507	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		gina@chevallierlaw.com		
		E-mail address; (i	to be used for future annual report	notification)
For further is	nformation c	oncerning this matter, please ca	ill:	
Gina R. Che	evallier		305 974-149 at ()	0
	Name o	f Person		ytime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Re Di P.C	niling Addres gistration S vision of C D. Box 632 llahassee, I	Section orporations 7	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23,

1250 PROPERTY MGT, LLC			5 th 2
(Name of the Limited	Liability Compa	any as it now appears on or Liability Company)	ur records.)
(A)	rionda Limited i	Liability Company)	\$ m
The Articles of Organization for this Limited Liab	pility Company	were filed on 04/07/20	and assigned
lorida document number L17000078619			
	·		72
his amendment is submitted to amend the follow	ving:		灣 2
a. If amending name, enter the new name of t	he limited lieb	sility company hove	
If amending name, enter the new hame of t	<u>ne mmreu nab</u>	anty company nere:	
h	1 45 2 45 4 5		
he new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicat	ole:	16601 SW 146th Cour	rt
Principal office address MUST BE A STREET	ADDRESS)	Miami, FL 33177	
inter new mailing address, if applicable:		16601 SW 146th Cour	ri
•		Miami, FL 33177	
Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	Wianti, FL 33177	
If amending the registered agent and/or reggent and/or the new registered office address	gistered office a	address on our record	s, enter the name of the new registere
gent and/or the new registered office address	nere.		
	Law Office of (Gina R. Chevallier, P.A.	
Name of New Registered Agent:	Law Office of	Oma K. Chevamer, P.A.	
New Registered Office Address:	2600 S. Dougla	as Road, Suite 507	
		Enter Florida str	eet address
	C1 C-11		22127
	Coral Gables		, Florida 33134

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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
MGR	ANDRES VAZQUEZ	13194 SW 190 Lane	
		Miami, FL 33177	Remove
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Ađd
			□Remove
			□Change

		_
		_
		_
		_
		<u> </u>
		_
		_
 -		_
		_
		_
		_
		_
		_
		_
		_
an effective d ote: If the	e, if other than the date of filing: (optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifective date on the Department of State's records.	05.0207 sted as
ecord speci is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
nted	Malle Vans	
	Signature of a member or authorized representative of a member	
	A Local Ida di	

Filing Fee: \$25.00