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(Red	questor's Name)	
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(Bus	siness Entity Name	e)
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Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	

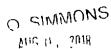
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COVER LETTER

TO: Registration Section Division of Corporati	ons	•	
SUBJECT: LLS Pro	perty Develo	OMENT LLC dLiability Company	
1	Name of Limited	d Liability Company	
The enclosed Articles of Amend	iment and fee(s) are submi	itted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
	LAVOI	n Smith Name of Person	
	_	_	
	LLS Prope	rty Development	+ LLC
<i>(</i>)	150 NE 38T	HStreet, Suite	4
	Dakland Pa	ck, FL. 33334	
	LSproperty d	City/State and Zip Code EVELS DMENT & OM be used for future annual report notification	ail.com
For further information concern	ing this matter, please call:	:	
LAVON Smite Name of Person	<u>/</u>	at (954) 299-4 Area Code Daytime Tel	773 ephone Number
Enclosed is a check for the follo	owing amount:		
	\$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)

MAILING ADDRESS:

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**

LLS Property Develop	ment LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 17000 162 496</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbrecation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	SS) 2 m
Enter new mailing address, if applicable:	S: OI
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	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> MGK	La Von Smith	Address Type of Action 250 NE38TH Street, Suite 4 Cakland Party FL. 33334 Exadd
		Remove
MGR	Leila Smith	250 NE38THStreet, Suite 4 Ook kuid Park, FL, 33334
		Remove
		Change
		Add 27 Fin
		D Remove
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		Remove
		Change
		Remove
		∏ Change

II am	nending any other information, enter change(s) here: (Attach additional sheets, if nece	ssary.j
		
		
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(If an e Note:	ctive date, if other than the date of filing:	filing.) Pursuant to 605.0207
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 are 90th day after the record is filed.	i.m. on the earlier of
Dated	daly 25. 2018.	
	Signature of a member or authorized representative of a member	
	(/1.11 (0:11)	
	- LAllon SMITh	

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Filing Fee: \$25.00