# 117000173832

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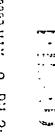
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 14 Property Partners, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Elizabeth Carrera	
Larrea + Ortega	
2151 S. Le Jeune Rd., #301	
City/State and Lip Code  City/State and Lip Code  Code	† •
E-mail address: (to be used for future annual report notification)	:
For further information concerning this matter, please call:	
Elizabeth carrera at 305 476-8701 St. Area Code Daytime Telephone Number St.	-
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

114 PROPERTY PARTNERS, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)				
ne Articles of Organization for this Limited Liability Company were filed on AUGUST 15, 2017 and assigned orida document number L17000173832					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	oility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		207			
(Principal office address MUST BE A STREET ADDRESS)					
		7			
		æ			
Enter new mailing address, if applicable:		P			
(Mailing address MAY BE A POST OFFICE BOX)	CO North				
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the r</u>	name of the new registered			
New Registered Office Address:	Enter Florida street address				
	, Florida , Florida	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I opposited for in Chapter 605, F.S.	ım familiar with and Or, if this document is			
If Cha	nging 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	BERNARDO MANRIQUE	4005 NW 114 AVE	
		SUITE #16	■Remove
		DORAL, FL 33178	□ Change
			□ Add
			☐Remove
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		<u></u>	Change
		<del></del>	
			Remove
		<u> </u>	□Change
			□Add
			Remove
		<del></del>	□Add
			Remove
			□ Change

as the sole Manager.		•			
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in effective date is listed, the date must bote: If the date inserted in this block					
ocument's effective date on the Dep			•		
ecord specifies a delayed effective a is filed.	date, but not an effective ti	me, at 12:01 a.m. or	n the earlier of: (b) T	he 90th d	ay after the
1					
ated March 31	2023				
Josh was			15		
		Λ Λ /.			

Typed or printed name of signee