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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· PICK-UP WAIT MAIL
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(Document Number)
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C. GOLDEN SEP 22 2020

COVER LETTER

TO: Registration : Division of C			
	N PROPERTIES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	DAVID GAITO		
		Name of Person	· · · · · ·
	YARDEN PROPERTIES	LLC	
		Firm/Company	,
·	2141 Blount Rd		
-		Address	
	POMPANO BEACH, FL.	33069	
		City/State and Zip Code	
	DAVID@OFRACOSMET		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	call:	
keith@silversteinpa.co	m	305 868-0200 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration Sc	ection
Division of	Corporations	Division of Co	
P.O. Box 63		The Centre of	
Tallahassec.	. PL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2077 ATT -1, PH 1: 12

YARDEN PROPERTIES LL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/24/2017 ____ and assigned Florida document number 1.17000181042 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Keith D. Silverstein, Esq. Name of New Registered Agent: 1111 Brickell Avenue, Suite 1550 New Registered Office Address: Enter Florida street address Miami _, Florida 33131
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.

City

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
MGR	John L Smaller	2141 Blount Rd	
		POMPANO BEACH, FL 33069	■Remove
			Change
AMBR	John L. Smaller	2141 Blount Rd	□Add
		POMPANO BEACH, FL 33069	≡ Remove
-			□Change
			□Add
			□Remove
			□Change
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effective date	e is listed, the da	ite must be specil	fic and cannot b			an 90 days afte	r filing.) Pursuant	
		the Departmen			utory filing rec	uireinents, thi	s date will not b	e fisted a
	es a delayed ef	Tective date, bu	ut not an effec	tive time, at 1	2:01 a.m. on th	e earlier of: (l) The 90th day	y after the
s filed.								
		\bigcirc	2020					
		(.)		·				
July 31								
	/	1	- · -					
	<u> </u>	Tignature	of a member of	or authorized rep	resentative of a	member		