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COVER LETTER

Division of Cor	rporations		
	RDS PROPERTY MANAGEM	ENT LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Keith Fairman		
		Name of Person	
	RARE BIRDS PROPERT	Y MANAGEMENT LLC	
	-	Firm/Company	
	10327 Lima Street		
		Address	
	Cooper City, FL 33026		
		City/State and Zip Code	
	horacio@hmasllc.com		
For further information c	e-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	ication)
Keith Fairman		954 299-0952	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

RARE BIRDS PROPERTY MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Fioritia Dilli	med maonity company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/15/20	and assigned
Florida document number L17000192142		
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 I	Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		<u>고 중요</u> 난
(Mailing address MAY BE A POST OFFICE BOX)		 20
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	Enter Florida stre	et address
	City	, Florida
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my di as provided for in Chapte	ities, and I am familiar with and r 605, F.S. Or, if this document is
īf	Changing Registered Agent, <u>Si</u>	enature 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>	<u>Address</u>	Type of Action
MGR	DANIEL MANDEL	6631 GREENE ST	
		HOLLYWOOD, FL 33024	Remove
			Change
			
			☐ Remove
			Change
		_	
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change

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te: If the date inserted in this b	st be specific and cannot be prior to date of filing o lock does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to 605.0 iling requirements, this date will not be listed
cument's effective date on the I	epartment of State's records.	
record specifies a delaye The 90th day after the re	d effective date, but not an effective cord is filed.	e time, at 12:01 a.m. on the earlie
ted May 29	2018	
	 ·	
	Signature of a member or authorized representat	

Page 3 of 3

Filing Fee: \$25.00