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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE		OPERTIES, LLC				
00036		Name of Limited Liability Company				
		Amendment and fee(s) are sub	-			
Please re	etum all correspe	VICTOR E DELGADO	to the following:			
			Name of Person			
		DEFE PROPERTIES, LI	rc			
		 	Firm/Company			
		1110 BRICKELL AVE, S	SUITE 402-5			
		MIAMI, FL 33131	Address			
		VE.DELGADO@YAHOO	City/State and Zip Code			
		E-mail address: (to be used for future annual report notifi	cation)		
For furth	er information c	concerning this matter, please co	all:			
VICTO	R E DELGADO		786 554-0397			
	Name o	f Person		Telephone Number		
Enclosed	l 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:

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

	C	F	6
DEFE PROPERTIES, LLC			n our records)
(Name of the Limit	led Liability Compa (A Florida Limited	any as It now appears o Liability Company)	n our records.)
			Same of the
The Articles of Organization for this Limited L	iability Company	were filed on	and assigned
Florida document number L17000241364	·		\$ 9
This amendment is submitted to amend the following	owing:		r
A. If amending name, enter the new name o	f the limited liab	oility company here	:
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1110 BRICKELL	AVE, SUITE 402-5
		MIAMI, FL 33131	
Enter new mailing address, if applicable:		1110 BRICKELL	AVE, SUITE 402-5
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33131	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	ffice address her		
		Enter Florida	street address
	MIAMI		, Florida 33131
		City	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.

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>	<u>Address</u>	Type of Action
AMBR	SALVADOR SANCHIS	6330 SW 79 ST	
AMDIT		_	Add
		APT 22	
			☐ Remove
		MIAMI, FL 33143	
			☐ Change
	VICTOR E DELGADO	1110 BRICKELL AVE	
AMBR			□ Add
		SUITE 402-5	
			☐ Remove
		MIAMI, FL 33131	
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Effect	ive date, if other than the date of filing: (optional)
(If an efi	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
_	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The	90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	VICTOR E DELGADO
	Typed or printed name of signee
	-) k - a . Comment of order

Page 3 of 3

Filing Fee: \$25.00