117000241364

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
<u>_</u>				
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COVER LETTER

10:	Division of Cor			.\$	
SUBJE		OPERTIES. LLC			
SUBJE	C1.	Name of Limi	ted Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please n	etum all correspo	ondence concerning this matter t	o the following:		
		VICTOR E DELGADO			
			Name of Person		
		DEFE PROPERTIES, LLC		2	
			Firm/Company		
		1110 BRICKELL AVE, SU	JETTE 402-5		⊤ 1.
			Address	23	
		MIAMI, FL 33131		AH -	<u></u>
		VE.DELGADO@YAHOO.	City/State and Zip Code	2019 HAY 23 AH 11: 24	
			o be used for future annual report notification	·	
For furt	her information e	oncerning this matter, please ca	u:		
VICTO	R E DELGADO		786 554-0397		
	Name o	f Person	at () Area Code Daytime Telep	phone Number	
Enclose	d is a check for th	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)	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	S	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEFE PROPERTIES, LLC				
(Name of the Limited Liability Con (A Florida Limite	pany as it now appears on our d Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compa- Florida document number L17000241364	ny were filed on 11/22/201	7 and	assigned	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:			
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	on "LLC" or the abbreviation	ı"L.L.C."	
Enter new principal offices address, if applicable:			-2	
(Principal office address MUST BE A STREET ADDRESS)			019	
	<u> </u>		HAY.	
		1.4	23	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		=	
Mauing university MAT BE ATOST OFFICE BOX	 		. 2	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent: Name Of New Registered Agent:		ecords, <u>enter the na</u>	me of the nev	
New Registered Office Address:	Enter Florida stree	t address		
	, Florida			
	City	Zip Co	nle	
New Registered Agent's Signature, if changing Registered Age	 <u> t:</u>			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	te performance of my dut s provided for in Chapter ce address, I hereby conf	ies, and I am familiar · 605, F.S. Or, if this a irm that the limited lia	with and locument is bility	
IfC	hanging Registered Agent, Sign	nature of New Registered /	Agent	

Page 1 of 3

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	
AMBR	ANDREA DELGADO	9801 BANYAN DRIVE	■ Add	
		CORAL GABLES, FL 33156	Remove	
			Change	
		_		
			☐ Remove	
			□ Change	
			2016 AND FILED AND CHARLES AND CHARLES	
			Change	
		_		
			Remove	
			□ Change	

_□ Add

_□ Remove

_□ Change

). If amending any other information, enter change(s) here; (Attach additional sheets, if necessary.)	
		.
		
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		PRUVED FILED P3 MHI]: 2
		24
		_
	(optional) ne prior to date of filing or more than 90 days after tiling.) Pursuant to applicable statutory filing requirements, this date will not be lecords.	
If the record specifies a delayed effective date, b b) The 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the ea	rlier of:
Dated		
× 60.		
Signature of a member	or authorized representative of a member	
VICTOR E DELGADO		
Typed o	or printed name of signee	
	Page 3 of 3	

Page 3 of 3
Filing Fee: \$25.00