# 17000250492

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TEIXEIRA PROPERTIES 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:
Mark Teixeira Name of Person
Teixeira Proporties LLC
4041 Barcelona Ave
Tacksonville Fr. 32207  City/State and Zip Code
E-mail address: (to be used for finare armual report notification)
For further information concerning this matter, please call:
Mark Tcixetta at (904) 591 - 0795  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

TEIXEIRA PROPER	CTIES	LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears ability Company)	on our records.)	_ <del></del>
The Articles of Organization for this Limited Liability Company w	vere filed on D	ec 2th 2013	and assigned
Florida document number <u>L 17000250492</u>		<del></del>	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the des	signation "LLC" or the ab	hreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			18 SEC
			FEB SEE
			ASS ASS
Enter new mailing address, if applicable:			<b></b>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on	our records, enter	the name of the new
Name of New Registered Agent:		<del>_</del>	
New Registered Office Address:	F Fl . ·	la street address	
	Enter Floria	a street address	
	City	, Florida	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

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHELLE E TEIXEIRA	4041 Barcelona Ave	
		Jacksonville, FL 32207	□ Remove
			Change
MGR	MARK W TEIXEIRA	4041 Barcelona Ave.	<del>D_ Add</del>
		Jacksonville, FL 32207	□ Remove
			Change
<del></del>			Add
			□ Remove
			Change
<del></del>			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			_□ Remove
			Changa

• If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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effective of the	ate, if other that date is listed, the date date inserted in effective date on	ate must be specific this block does r	and cannot meet t	he applicabl	date of filing o	or more than 90 lling requires	(optiona ) days after filin ments, this dat	g.) Pursuant to 6	505.020' isted as
record : he 90th	specifies a de n day after th	layed effective record is fil	e date,	but not a	ın effectiv	e time, at	12:01 a.m	. on the ea	rlier o
ed	Februaru	15th	<u>,                                    </u>	2018					
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Page 3 of 3

Filing Fee: \$25.00