L17000252225

(Reque	stor's Name)	
(Addres	ss)	
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(City/St	ate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Docum	nent Number)
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Special Instructions to Filin	g Officer:	

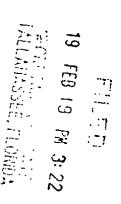
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FEB 2 3 2019 S. YOUNG



COVER LETTER

TO: Registration Section of Corp	orations		\circ
SUBJECT:	Name of Limit	ed Liability Company	PROPERTY LLC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Wilson	R. FEIJOO Name of Person	
	WF R	Firm/Company	PROPERTY
	17410 Nu) 81 AVE Address	
	Hialept	City/State and Zin Code	
	E-mail address: (to	City/State and Zip Code SF 1717 & TCloud. To be used for future annual report no	UM otification)
For further information co	ncerning this matter, please ca		
Name of	Person	at (<u>305</u>) <u>519</u> Area Code Dayt	- 2909 ime 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 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

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appea uted Liability Company)	rs on our records.)	
		i 1	
The Articles of Organization for this Limited Liability Comp	oany were filed on	12. 11 /2011	and assigned
Florida document number <u>L1700025 2225</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the (designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	S)		19
27 THE STATE OF THE WATER OF THE STATE OF TH			200 円 円
			5 7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Anuning dadress MAT BE AT OST OTTICE BOX			EF. 22
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			**************************************
New Registered Office Address:			
	Enter Flo	orida street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered As	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept 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.	plete performance o, t as provided for in	f my duties, and Lam _, Chapter 605, F.S. Or	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = N	l from our records: Aanager		
	Authorized Member	Adlana	Trans. E. A. of a
Title	Name 1.5.1	Address	Type of Action
MGR_	Wilson FEIJOU	17410 NO 81 TO AVE	Add
		17410 NO 81 TAVE HIDLOOM 12 33015	Remove
			Change
MGR	Wilson R. FEIJOD	17410 NW 815 NE	Add
		17410 NW 815 NE Hipleph, 12 33015	□ Remove
		· 	Change
			🗆 Add
			☐ Remove
			☐ Change
			
			Remove
			Change
		Remove	
			Change
	·		🗆 Add

_□ Remove

_□ Change

	
n effecti <u>ite:</u> If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
ted	2/14/ // /doig/
	(Signature of a member of authorized representative of a member
	7 / ' //
	Wison R. FEIJOO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00