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COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT: L 4P	PROPERTY MANAGEMENT AND INVESTMENTS LL Name of Limited Liability Company	C
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Leonid Nerdinsky	
	Name of Person	
	Nerdinsky Law Group, P.A.	
	Firm/Company	
	3800 S Ocean Drive, Suite 242	
	Address	
	Hollywood, FL 33019	
	City/State and Zip Code	
	Inerdinsky@nerdinskylaw.com	
	E-mail address: (to be used for future annual report notification)	
For further information cond	cerning this matter, please call:	
Leonid Nerdinsky	954 237-6307	
Name of Pe	erson Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

L & P PROPERTY MANAGEMENT AND INVESTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/10/2018 and assigned Florida document number <u>L</u>18000009074 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3049 INDIAN TRACE ROAD #291 Enter new principal offices address, if applicable: WESTON, FL 33326 (Principal office address MUST BE A STREET ADDRESS) 3049 INDIAN TRACE ROAD #291 Enter new mailing address, if applicable: WESTON, FL 33326 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: RONALDO ALMEIDA Name of New Registered Agent: 637 LAKE BLVD New Registered Office Address: Enter Florida street address WESTON

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		·	Remove
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The 90th day after the record is filed.	(If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory fi	r more than 90 days after filing.) Pursuant	to 605.0207 (be listed as t
Dated Affil 13th Told,		e time, at 12:01 a.m. on the o	earlier of:
	Dated April 13th Zoll.		
	(h sole the		
	RONALDO ALMEIDA, AUTHORIZED REPRESENTATIVE OF		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00