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JAN 25 M. ARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Property 4 you & Investment, 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:
Miguel Panunzio Name of Person
Property 4 you 8 Investment LLC
8508 Dufferin Lane
Orlando, FC 32832 City/State and Zip Code
Higuel PANUNZIOO HOTMAIL. COM JE-mail address: (to be used for fature annual report notification)
For further information concerning this matter, please call:
Miguel Panus 2:0 at (787) 219-6228 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy 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

(Name of the Limited Liability Compa (A Florida Limited I	lestmen LL	
(A Florida Limited I)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000011106</u>	were filed on 01/11/18 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	estment, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	8508 Dufferin Lane Oclando FL 32832.	
Enter new mailing address, if applicable:	· (5.5)	
(Mailing address MAY BE A POST OFFICE BOX)	77	
		
R If amonding the registered agent and/or registered of	The oddings of the second seco	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
	City Zin 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ana Torres	8508 Dufferin Lr	<mark>}</mark> □ Add
		8508 Dufferin Lr. Orlando, Fl 328,	320 Remove
			Change
			D Add
			□ Remove
			Change
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			Remove
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			Remove
			Change

Please change Ana Torres	to MGR
Please Hake correction in Apricle : Zip code, THE correct one is 328	
F. Effective date if other than the date of filing:	
E. Effective date, if other than the date of filing:	I not be listed as the
Dated	<u> </u>
Typed or printed name of signee Page 3 of 3	
Filing Fee: \$25.00	—

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)