(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
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M. MILLIGAN APR 26 2018

COVER LETTER

TO: Registration Sec Division of Corp			
	ES LAS FLORES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are subradence concerning this matter t		
	JOYCE N ROTHSCHILD		
•		Name of Person	
	JOYCE N ROTHSCHILD	СРА	
		Firm/Company	
•	85 W PASSAIC ST		
		Address	
•	MAYWOOD, NJ 07607		
	JOYROTHS@AOL.COM	City/State and Zip Code	
	-	o be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	11:	
JOYCE N. ROTHSCHILL	D	201 8438275 at ()	
Name of	Person		Telephone Number
Enclosed is a check for the	e 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

PROPERTIES LAS FLORES LLC

(Name of the Lin	nited Liability Company as it now appe (A Flonda Limited Liability Company)	urs on our records.)
The Articles of Organization for this Limited Florida document number 118000054824	Liability Company were filed on M	MARCH 1, 2018 and assigned
This agiendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company b	ere:
The new name must be distinguishable and comain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	· ·
	***************************************	The second of th
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
	West graffith or of the first at a a a first and the first	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:	AGUSTIN FLORES	**************************************
New Registered Office Address:	748 EUCLID AVE APT 3	
	Enter Flo	rida street address
	MIAMI BEACH	Florida 23139 Zip Code
	City	Zıp Code
New Registered Agent's Signature, if changing	Registered Agent:	
/ t t	الكالم بالأمان مع بمانية الأرباء مانيات الأرباء	and the state of t

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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action

		-	Remove
			Change
			Add
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