L18000079880

(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			•	•
	ERTY MANAGERS, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and feers) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ALEXANDER BERGMA	N		
		Name of Person		
	Lb Drof	Dex Hirm/Company	agers, the	
	5499 No	. Kedeval	Huy	
	bica hal	TON H. City/State and Zip Code	331187	
	E-mail address:	to be used for future annual		
For further information of	concerning this matter, please c	all:		
ALEXANDER BERGM	AN	. O=n .	531 K500	
Name of Person		Area Code	Daytime Telephone Number	_
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enc	Certificate o	f Status & - py
Mailing Addres Registration :		<u>Street Ac</u> Registra	Idress: ttion Section	
Division of C			n of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 EAY 17 AH 9: 37

LB PROPERTY MANAGERS, LLC

(<u>Name of the Limited Liabi</u> (A Flori	llity Company as it now appears da Limited Liability Company)	on our records:)	
The Articles of Organization for this Limited Liability		03/28/2018	and assigned
Porida document number L18000079880	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	ORESS)		
		. <u></u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<u>-</u>		
3. If amending the registered agent and/or registere	ed office address on our rec	ords, enter the nan	ne of the new regist
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la street address	
	City		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 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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PAUL LABINER	5499 NO FEDERAL HWY	
		BOCA RATON, FLORIDA	■Remove
			□ Change
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Note: If the	rdate is listed, the e-date inserted i	date must be speci	fic and cannot be not meet the a	prior to date of til pplicable statute		(optional) days after filing.) Purs ments, this date will	
e record spe rd is filed.	cifies a delayed	effective date, b	ut not an effecti	ive time, at 12:0	1 a.m. on the ear	lier of: (b) The 90t	h day after the
MAY Dated	i' 6,		2022				
						ner	

Filing Fee: \$25.00

Typed or printed name of signee