## L180000 84400

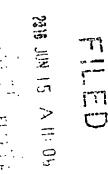
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Special Instructions to Filing Officer:

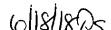
Office Use Only



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06/15/18--01016--029 \*\*25.00





## **COVER LETTER**

Division of Corporations
SUBJECT: She Kingh Property Real Estate UC 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:
Laura L Gjeda  Name of Person
Shekinah Property Real Estate Lice
Firm/Company  11575 SW 149 CT  Address  Miami, FL 33196  City/State and Zip Code  Jose 9 Canelli 6 hot mail. Com  Firmil address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Miami FL 33196 City/State and Zip Code
Jose 9 ranelli 6 hot mail . Com  Finali address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laura Gyeda at (305) 302-8983  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Solut

MAILING ADDRESS:

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_ Florida document number L18 0000 84400 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: ე ტ Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

## 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.

Cin

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 Member

<u>Title</u>	Name	Address	Type of Action
AP	Bryan Finkelstein	11575SW149 Ct	<b>\$</b> Add
		11575SW149 ct Miami, FL 33196	Remove
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Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 c  Note: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.			
be record specifies a delayed effective date, but not an effective time, at $1$ . The $90 ext{th}$ day after the record is filed.	.2:01 a.m. on t	the earl	ier of:
Dated June 12 , 2018.			
//			
Septature of a member or authorized representative of a membe			

Page 3 of 3

Filing Fee: \$25.00