## 118000103208

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## **COVER LETTER**

Div	ision of Cor	porations			
CUB IPOT.		GROUP PROPERTIES LLC			
SUBJECT:		Name of Lim	ited Liability Company	·	
The enclosed	i Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		ROBERTO WOLFF			
			Name of Person	<del></del>	
		FIRENZE GROUP PRPER	THES LLC		
			Firm/Company		
		299 PARK ST UNIT 4	, ,		
			Address	·	
		MIAMI SPRINGS, FL 331	66		
		RWOLFF@FIRENSEGRO	City/State and Zip Code UP.COM	<del></del>	ia con
		E-mail address: (t	to be used for future annual report notif	ication)	h
For further in	nformation co	oncerning this matter, please ca	ıll:		
ROBERTO	WOLFF		305 882-0933		445: 01 445: 01
	Name of	f Person	Area Code Daytime	: Telephone Number	ي مد د د
Enclosed is a	echeck for th	ne following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	

TO:

Registration Section

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

## FIRENZE GROUP PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Fronta China	ed Blazinty Company	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000103208</u> .	ny were filed on APRIL 24, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address h	office address on our record	ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	755
	, F	loridaZip Code
N. D. J. C.	-	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple		

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALDO M. SAAVEDRA	529 CURTISS PKWY	
		MIAMI SPRINGS, FL 33166	☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Remove
			□ Change
			🖸 Add
			Remove
			Change
			🗖 Add
			□ Remove
		<del></del>	Change
			Remove
			[] Chancu

	FEI/EIN Number 82-5471716
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•	
•	
F ffoc	ive date if other than the date of filing:
(If an ef	ive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) ine	90th day after the record is filed.
	October 31 2018
Dated	October 51
	$\sim$
	Signature of a member or authorized representative of a member
	ROBERTO WOLFF

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Filing Fee: \$25.00