118000103791

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

	Registration Sec Division of Corp				
eum reze	PROPZIE I				
SUBJEC	ľ:		ited Liability Company		
		Amendment and fee(s) are sub	-		
Please rett	arn all correspo	ndence concerning this matter	to the following:		
		DANIEL DETONI			
Name of Person					
PROPZIE LLC					
			Firm/Company		
		1900 N BAYSHORE DR	IA #138		
			Address		
		MIAMI FLORIDA 33132			
City/State and Zip Code					
		DANIEL@PROPZIE.COM E-mail address: (to be used for future annual report notifi	cation)	
For furthe	r information co	oncerning this matter, please co	all:		
DANIEL	DETONI		305 213 9590 at ()		
	Name of	Person		Telephone Number	
Enclosed i	is a check for th	e following amount:			
\$25.00	9 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**

PROPZIE LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>07/02/2018</u>	and assigned
Florida document number L18000103791	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
L18000103791		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	TUL SION ECHE
	-	<u> </u>
		OYE DEC
Enter new mailing address, if applicable:		—————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)		08 %
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.		nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Florid	
	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 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
AMBR/N	HAUSROOF REALTY GROUP LI	1900 N BAYSHORE DR 1A #138	
			■ Remove
			Change
AMBR/N	YMD SQUARED HOLDINGS LL	1900 N BAYSHORE DR 1A #138	= Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
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Caller days to sale and see	ol	07/02/2018		/ : -	1\
ective date, if other than effective date is listed, the date	must be specific and	g:d cannot be prior to do	ite of filing or mor	e than 90 days after f	nar) iling.) Pursuant to 605.
te: If the date inserted in thi ument's effective date on th			statutory timing i	requirements, this	date will not be liste
record specifies a dela The 90th day after the i			n effective tin	ne, at 12:01 a.	m. on the earlie
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ted		. 2018	ł.	1	•
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	Signature of a	member or authorize	d roprocontativo o	La manular	

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Filing Fee: \$25.00