

## Florida Department of State

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(((H18000341403 3)))



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3959 PROPERTY HOLDINGS LLC

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX AUDIT NUMBER H18000341403 3

FAX AUDIT NUMBER

H18000341403 3

3959 PROPERTY HOLDINGS LL	c					
Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears of liability Company)	ogr records.)			
The Articles of Organization for this Limited L Florida document number				an	d assigi	ned
This amendment is submitted to amend the foli	owing:					
A. If amending name, enter the new name o		ility company here	:			
0/0						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "ULC" or th	e abbreviati	on "L.L.	C.*
Enter new principal offices address, if applic		n/a				
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(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			7-07	<del>}</del>	
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B. If amending the registered agent and	Mor registered o	office address on	our records, <u>en</u>	ter the r	ialite o	f the nev
registered agent and/or the new registered to	office address he	re:				
Name of New Registered Agent:	n/a					
- Cante of Fred .	<del></del> -					
New Registered Office Address:	n/a	P Plants	la street addres *			
		Enter Floric	a street aanres			
	n/a		, Florida	n/a		
		City		7.14	o Code	
New Registered Agent's Signature, if changing	Registered Agent	<b>!•</b>				
•						
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as re- being filed to merely reflect a change in the company has been notified in writing of the	per and complet gistered agent as gregistered offic	e performance of t provided for in Ci	ny dunes, and 1 c hapter 605, F.S.	am jamui Or. if thi	iar wur is docum	nent is
		N/A				
	<u>IL CP</u>	anging Registered Age	nt, Signature of Ne	w Register	ed Agen	 [

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 = Manager AMBR = Authorized Member FAX AUDIT NUMBER H18000341403 3

Title	Name	<u>Address</u>	Type of Action
MGR/P/CEO	MICHEL CINIGLIO	15606 SW 17TH STREET	DAdd
		WESTON, FLORIDA 33326	Remove
			= Clunge
MGR/VP	SALVATORE CINIGLIO	15875 SW 17TH STREET	Add
		DAVIE, FLORIDA 33326	Remove
			☐ (Thange
MGR/VP	ANTONIO PECOREULI	1627 SW 37TH AVENUE,	
		UNIT 200	NOV Demove.
		MIAMI, FLORIDA 33145	E Change
MGR	MARIA E. CINIGLIO	1540 SW ISSTH AVENUE	99 C
		WESTON, FLORIDA 33326	■ Remove
			Change
MGR	FILOMENA PECORELLI	1540 SW 155TH AVENUE	Add
		WESTON, FLORIDA 33326	■ Remove
			Change
MGR	FILOMENA PECORELLI	1627 SW 37TH AVENUE	
		UNIT 200	■ Remove
		MIAMI, FLORIDA 33145	☐ Change

mending any other information, enter change(s) here: (Attach addit	ional sheets, if necessary.)	NUMBER H18000341
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	FLORID)	<u> </u>
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DATE OF THIS IS		
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Tective date, if other than the date of filling:  an effective date is listed, the date must be specific and cannot be prior to date of filling to  ote: If the date inserted in this block does not meet the applicable starutory fi	if more than 90 days after fitting.) I to	I not be listed a:
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record specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on	the earlier of
The 90th day after the record is filed.	· · ·	
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NOVEMBER 30		
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Signature of a member of authorized represents	dive of a member	
C.B. W. C. L. C. L. C. L. C.		
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Page 3 of 3

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