

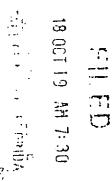
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200319792122

10/19/16--01008--011 ++25.00



NOV 01 2018
T SCHROEDER

COVER LETTER

(TO: - Registration Section Division of Corporations
SUBJECT: Alternate Properties LLC 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:
Paola A Arango Name of Person
Alternate Properties LLC
6685 Forest Hill Blvd, Suite 211 Address
Greenacres FL 33413 City State and Zip Code Luban. ba @ amail. Com E-mail address to be used by future annual report notification)
For further information concerning this matter, please call:
Paola A Avango at (561), 352 46 19 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
SSS.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) SSS.00 Filing Fee Certified Copy (additional copy is enclosed) 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 Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alternate Property (Name of the Limited Liability Compan) (A Florida Limited Li	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on $6/19/2018$ and assigned
Florida document number <u>1 18000 151067</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	· <u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	verformance of my duties, and I am familiar with and voided for in Chapter 605, F.S. Or, if this document is

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 Title <u>Name</u> Address Type of Action SUITE ZII 6685 Forest Hill Blvd Greenacres FL 33413 Hario A Tobon MGR bbA 🗷 □ Remove □ Change _□ Add __□ Remove _____ Change Change Add 7 ☐ Change _□ Add _□ Remove _ Change __ 🗖 Add ☐ Remove

__ 🗆 Change

D. If amending any other information, enter change(s) here: vAttach additional sheets, if necessar	ייָי.)	
		
·		
)		
	-:::::	18 O()
	• ;	61 13
	<u>. </u>	3
	::- ::- ::-	7:31
	,,, Jr	0
	<u> </u>	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.) z.) Pursuant to 605. will not be liste	0207 (3 (b) d as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. b) The 90th day after the record is filed.	on the earlie	r of:
Dated 10/15/18 Signature of a member or authorized representative of a member		
Paola A. Arango Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00