4/8000/162464

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	*)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor				
		PROPERTY MANAGEMEN	FLLC		
SUBJ	ECT:	Name of Lim	ited Liability Company		
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Gustavo Cepeda Jr.			22
			Name of Person	· · · · · ·	قلي <u></u> مب <u></u> <u></u>
		CNERGY PROPERTY N			 د. لــ
		2875 NE 191 Street, Suite	Firm/Company 500		
		Aventura, Florida 33180	Address	· · · · · · · ·	r.
		gcepeda@cnergypm.com	City/State and Zip Code		
			to be used for future annual re	port notification)	
	ther information c vo Cepeda Jr.	oncerning this matter, please c	ati: 202	604-2746	
———	Name o	f Person	at () Area Code	Daytime Teleph	one Number
	ed is a check for th	ne following amount: S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		3 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 issee, FL 32314	Registratio Division o Clifton Bu	f Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited L18000162464		were filed on	07/05/2018	and assign	ed
his amendment is submitted to amend the fol	llowing:				
a. If amending name, enter the new name	of the limited liab	ility company here	:		
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the desig	gnation "LLC" or the		.,,
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)		2875 NE 191 STR	EET	5.13	
		SUITE 500		<u></u> -	•
		AVENTURA, FL.	33180	2	:
		2875 NE 191 STR	EET	>	
		SUITE 500		52	
		AVENTURA, FL	33180	2	
3. If amending the registered agent and egistered agent and/or the new registered of		ffice address on o			the
Name of New Registered Agent:					
New Registered Office Address:	2875 NE 191 S	TREET, SUITE 500			
	537525 MD5 155 4	Enter Florida	street address	2100	
	AVENTURA	City	, Florida _	3180	
				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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RICARDO D. JIMENEZ	2875 NE 191 STREET	
			🖼 Add
		SUITE 500	
			□ Remove
		AVENTURA, FL 33180	_
	CUSTAVA OTREDA IB	2026 NR 101 STREET	Change
MGR	GUSTAVO CEPEDA JR.	2875 NE 191 STREET	
 _		SUTTE 500	Add
		30112 300	
			□ Remove
		AVENTURA, FL 33180	☐ Change
			<u>_</u> î
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an effective	ite, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of fi	
ocument's	date inserted in this block does not meet the applicable statute effective date on the Department of State's records.	ory tiling requirements, this date will not be listed
	specifies a delayed effective date, but not an effe day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
ated	NOVEMBER 26 2018	
atcu	//-A 9	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00