## 118000192147

(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



000318231230

09/13/18--01010--023 \*\*25.00

DIVISION OF CORPORATIONS

18 SEP 13 AM L. L.

N COOPER SEP 1 8 2018

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI The en Please	21st Place			
SUBJ	ECT:		ited Liability Company	
		Amendment and fec(s) are sub	_	
Please	return all correspo	ondence concerning this matter	to the following:	
		Deny Troncoso		
			Name of Person	
		Property Providers LLC		
			Firm/Company	
		127 W Fairbanks Ave #2	281	
		<del>-</del>	Address	· · · · · · · · · · · · · · · · · · ·
		Winter Park FL 32789		
		denny.realestate@hotma	City/State and Zip Code ill.com	
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please co	all:	
Deny	Troncoso		407 5751327	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for the	ne following amount:		
<b>□</b> \$2	25.00 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

21st Place LLC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000192147	Company were filed on <u>8/10/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 S.
(Principal office address MUST BE A STREET ADD	<u>ORESS)</u>	EP 0977
Enter new mailing address, if applicable:		3 AH 4: 4
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad		iter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid:	3
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Property Providers LLC	127 W Fairbanks Ave #281 Winter Park FL 32789	
			■ Remove
			Change
MGR	Lincoln Equity Group LLC	127 W Fairbanks Ave #281 Winter Park FL 32789	Add
			☐ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			☐ Remove
			Change

				_
				_
	<u> </u>			_
				_
	- 12			_
_				_
<del></del>	<del></del>			_
				- 0
			18 (	DIVIS
			Ti P	_ 150. _ 250. 250.
			<del></del>	_ :국 : - :국 :
			<u> </u>	<u> 황</u>
			<u> </u>	# 조건 조건
			8+	Ö.
<del> </del>				_
·		<del></del>		_
				_
				_
fective date, if other than the d n effective date is listed, the date must b	ate of filing:	late of filing or more than 90 o	_ (optional) lays after filing a Pursuant to 66	05 020
ite: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the applicable	e statutory filing requirement	ents, this date will not be li	sted a
record specifies a delayed of the 90th day after the recor		n effective time, at 1	2:01 a.m. on the ear	lier o
September 10th	2018			
	21 7 1/10	,24		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00