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COVER LETTER

Div	ision of Corpo	Prations			
SUBJECT:	ALIYAH PR	OPERTY MAINTENANCE			
oobozer.		Name of Limi	ted Liability Company		
The enclosed	Articles of Ar	mendment and fee(s) are subt	nitted for filing.		
Please return	all correspond	ence concerning this matter t	to the following:		
		MANUEL	LOPEZ		
			Name of Person		. <u> </u>
		.,	Firm/Company		
		3681 84	Address	S€	
		,	Address		
		MAPLES, mloven E-mail address: (to	FLORIDA	,3411	7
		, ,	City/State and Zip Code		
		E-mail address: (to	be used for future annual	report notification)	m.
For further in	formation cond	erning this matter, please cal		,	
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// <i>P</i>	nuel	Lepez cron	at (239)	340-65	67.
•	Name of Pe	erson	Area Code	Daytime Teleph	one Number
Enclosed is a	check for the f	ollowing amount:			
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Maili	ing Address:		Street Ad	ldress:	
Regi	istration Sec			ation Section	
Divi	nian of Com		D:	6.00	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALIYAH PROPERTY MAINTENANCE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/20/2018}{1}$ and assigned Florida document number L18000198725 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	MANUEL LOPEZ	3681 8th Ave SE, Naples,	PL TAND
		34117	□Remove
AMBR	HARTA M. FEREZ	368/8/4 AVE SE MAPLES Flay	117 TOMAGO
			□Remove
			□Change
			□Adđ
			□ Remove
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	if other than t	the date of filin	ig: Indication to be prior to meet the applicab	o date of filing or mobile statutory filing	(option than 90 days after the requirements, this	nal) iling.) Pursuant to 605,020 date will not be listed as
tote: If the dat	e is listed, the date re te inserted in this ective date on the	Department of	State's records.			
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tote: 11 the dat ocument's effe	te inserted in this ective date on the	e Department of	State's records.	ne, at 12:01 a.m. o	on the earlier of: (b)	
ocument's efferenced specified is filed.	te inserted in this ective date on the es a delayed effect	e Department of the Department	State's records. ot an effective tim	ne, at 12:01 a.m. o		

Filing Fee: \$25.00