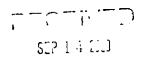
L18000264432

(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



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COVER LETTER

TO: Registration So Division of Con			
CUDIECT.	Higleah Pr	operty Buyer, Ll	LC.
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ed	uando Perez	
		Name of Person	
	H	igleah Property D	Boyer LLC.
		Firm/Company/	
	337 West	75 Place Address	
		Address	
	Hialeu4.	F1. 33014	
		City/State and Zip Code	
	CJAUTE	o be used for future annual report notif	
	·	•	rea(ton)
	concerning this matter, please ca	MI.	
Eduardo	terez	at (786) 586- Area Code Daytime	4602
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

(Name of the Limited	I Liability Compan A Florida Limited L	iv as it now ap iability Compa	pears on ny)	our records.)		
The Articles of Organization for this Limited Lia	bility Company	were filed on		13/2018	and assign	ed
Florida document number <u>L18000264</u>	432		•			
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	the limited liabi	lity compan	<u>v here</u> :			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," t	he design	ation "L.L.C" or the	abbreviation %4C	
Enter new principal offices address, if applica	ble:	337	Wes	t 75 Pla H. 3301	ce	
(Principal office address MUST BE A STREET	ADDRESS)	Hial	eau,	H. 3301	ا الله	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or reg				251 75 1 , F(. 330 ds, enter the na	_	
ngent and/or the new registered office address						
Name of New Registered Agent:	E	duardo West	Par	42		
New Registered Office Address:	337	West	75	Place		
	Enter Fioriaa .			reet aaaress		
	<i>F</i>	tialeah		, Florida _	33014 Zip Code	
		City			Zip Code	

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>	Address	Type of Action
MGR	Leandro Ortiz	10720 SW 627 Street	□Add
		Acianei, Fl. 33173	X Remove
			□ Change
MGR	Eduando Perez	337 West 75 Place	X Add
		Hialea4, Fl. 33014	□Remove
			2020 ange 77
			DAdu
			□ Remove
			☐ Unange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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fan effecti <u>Note:</u> If t	date, if other than the dive date is listed, the date must be date inserted in this blocing effective date on the Dep	e specific an k does not	d cannot be prio meet the appl	cable statutory			filing.) Purs		
e record sp rd is filed.	pecifies a delayed effective	late, but no	t an effective	time, at 12:01	a.m. on the e	arlier of: (b)	The 90t	h day af	ier the
Dated	Noviembre 1	OTA	2620	AA	<u>/</u>				
		// :	<u> 11 11</u>					<u>. </u>	
			member de sait	horized represer	itative of a mer	nber			
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Filing Fee: \$25.00