## L19000018108

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## · COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:   hir	ty Plus Propi	erties, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	James	Name of Person	
	Thirty P	INS Propertie	SILLC
	1675 N. Mili	tary Trail, Suit	e 112
	Boca Rator	/City/State and Zip Code	
	JUSS Junes	51@ gmail. Com	ication)
or further information co	oncerning this matter, please ca	all:	
James	Norman	at (786) 862 -	3719
Name of	Person	Area Code Daytime	e Telephone Number
inclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Second Division of Corona The Centre of Total National Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thirty Plus Propertie	5, LLC  y as it now appears on our records.)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number  L19000018108	were filed on 01/16/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1675 N. Military Trail, Suite 12
Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33486
Enter new mailing address, if applicable:	1675 N. Military Trail, Suite 112 Boca Raton, FL 33486
Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33486
l. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
ew Registered Agent's Signature, if changing Registered Agent:	City Zip Code
hereby accept the appointment as registered agent and agreeovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as puing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided 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

<u>Title</u>	Name	Address 15 11:05	Type of Action
MBR	Kerry Kensington	1675 N. Military Trail	ŒAdd
		Suite 112, Boca Raton, A	-∠ □Remove
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			□Remove
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Tective date, if other than the date of an effective date is listed, the date must be speciote: If the date inserted in this block document's effective date on the Department.	ific and ca s not me	annot be pri et the appl	icable statu			lays aft			
ecord specifies a delayed effective date, l is filed.	ut not ar	n effective	time, at 12	:01 a.m. or	the earli	er of:	(b) The	90th day	after the
september 4th		2020	<u>2</u> .						
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Filing Fee: \$25.00