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S. YOUNG

## **COVER LETTER**

TO: **Registration Section Division of Corporations** PROPERTY SCHOLARS REALTY & DEVELOPMENT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Khalil Majied Name of Person SBC Startup Resourcing & Enterprises LLC Firm/Company 5001 N Nebraska Ave. Address Tampa FL 33603 City/State and Zip Code sbcsure@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sean Tyson Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPERTY SCHOLARS REALTY & DEVELOPM	ENT LLC	F 19
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number L19000020786.		Sand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5001 N. Nebraska Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33603	
		<del></del>
Enter new mailing address, if applicable:	5001 N. Nebraska Ave.	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33603	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	Enter Florida street address	
	, Florida	0
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Khatil Y Majied	1215 E. McBerry St. Tampa, Fl 33603	<b>_ =</b> Add
			Remove
			Change
MGR	Christopher Johnson	10800 Masters Dr. Clermont, FL 34711	
			Remove
			Change
			Add
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(If an el <u>Note:</u>	tive date, if other than the date of filing: 9 17 2019 (optional) Elective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	September 17. 2019.
	Supertura of a mambar or authorized correspondence of a mambar
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00