119000039151

(Re	questor's Name)	
(Ad	dress)	_
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
		_
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	cument Number)	
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COVER LETTER

FO:	Registration Se Division of Cor		·	
SUBJEC	JI:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		BANY TROY PROPERTIES LLC Name of Limited Liability Company		
		INCFILE.COM LLC	Name of Person	
		17350 STATE HWY 249 S	• •	
		HOUSTON, TX 77064	Address	
		EFILE1234@INCFILE.CO	•	
		E-mail address: ()	to be used for future annual report notif	leation)
For furth	ner information c	oncerning this matter, please ca	all:	
MARSE	HA SIHA		855 829-9090 at ()	
	Name o	t Person	Area Code Daytime	: Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.	00 Filing Fee			

TO:

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

ALBANY TR	OY PROPERTIES LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.19000039151}{1.19000039151}$.	pany were filed on 02/07/2019	and assigned
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 I	.iability 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	S)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7
B. If amending the registered agent and/or registere		enter the name of the
registered agent and/or the new registered office address	<u>here</u> :	· A
Name of New Registered Agent:		5
N. Davida 100° Allan		; ·
New Registered Office Address:	Enter Florida street address	
	T 14	• • •
	, Flor	ida

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
V V J D D	SHNEUR Z. WOLFF	8951 CARLYLE AVENUE	
AMBR			■ Add
		SURFSIDE, FL 33154	
			Remove
			Change
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Effective date, if other than the	block does not meet the appli	icable statutory filing requ	(optional) an 90 days after filing.) Pursuant to airements, this date will not be	605.0207 listed as
document's effective date on the necessity and the necessity are record specifies a delayer		ot an effective time,	at 12:01 a.m. on the ea	arlier of
document's effective date on the ne record specifies a delaye The 90th day after the re		ot an effective time, 	at 12:01 a.m. on the ea	arlier of
document's effective date on the he record specifies a delayer. The 90th day after the result. Dated Dennis 1	2019	ot an effective time,		arlier of

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Filing Fee: \$25.00