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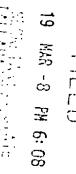
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MAR 1 8 2019 S. YOUNG



COVER LETTER

TO: Registration Division of C			
		S, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	ANASTASIA BYSTROV		
	Name of Person Area Code Daytime Telephone Number is a check for the following amount: O Filing Fee		
		Firm/Company	
	2920 SW 22ND AVE AP		
			+ - 1 Th
	DELRAY BEACH, FL 33	445	
	· · · · · · · · · · · · · · · · · · ·		
	CONSTANTINEBYSTRO	V@GMAIL.COM	
	E-mail address: (to be used for future annual report notif	fication)
For further informatio	n concerning this matter, please c	all:	
ANASTASIA BYST			
Nam	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	☐ \$30.00 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)
MA	ALING ADDRESS:	STREET/COURI	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INSTANT PR	ROPERTIES, LLC	
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	liability Company	were filed on FEBRUARY 12, 2019	and assigned
Florida document number L19000042556			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)			15 19 19 19 19 19 19 19 19 19 19 19 19 19
	_		五三 至 十
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	ST
			3 3
		-	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	•	· · · · · · · · · · · · · · · · · · ·	er the name of the
New Registered Office Address:	N/A		
		Enter Florida street address	
		Florida	
		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, 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
MGR	CONSTANTINE BYSTROV	2920 SW 22ND AVE APT 604 DELRAY BEACH, FL 33445	Add
			Remove
			☐ Change
		<u> </u>	Add
			□ Remove
			Change
			□ Remove
			Change
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Effective date, if other If an effective date is listed, to Note: If the date inserted document's effective date.	he date must be spec d in this block doe	eific and cannot be press not meet the app	licable statutory f	or more than 90 da Tling requiremen	(optional) lys after filing.) Pursua nts, this date will no	int to 605.020° t be listed as
he record specifies a The 90th day after			not an effectiv	e time, at 17	2:01 a.m. on the	e earlier o
Dated MARCH 5		. 2019	·			
		-A				
		\sim		tive of a member		

Page 3 of 3

Filing Fee: \$25.00