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# **COVER LETTER**

TO:	Registration Se Division of Cor			
	PROPERT	Y STRATEGIES, LLC		
SUBJ	ECT:	· · · · · · · · · · · · · · · · · · ·		
		Name of Lin	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ARMANDO B. EVORA		
			Name of Person	
			Firm/Company	
		10275 COLLINS AVENU	ЈЕ. <b>АРТ 732</b>	
		BAL HARBOUR, FL 33	Address 154	
		ARMANDO@EVORAIN	City/State and Zip Code VESTMENT.COM	<del></del>
		E-mail address: (	to be used for future annual report not	ification)
For fu	rther information c	oncerning this matter, please c	all:	
ARM	IANDO B. EVORA	4	305 218-5577	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpon Clifton Building 2661 Executive Con Tallahassee, FL 32	on rations enter Circle

# TO ARTICLES OF ORGANIZATION OF

PROPERTY STRATEGIES, LLC.		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and 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 Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	40 BENSON ROAD	
(Principal office address MUST BE A STREET ADDRESS)	GLEN ROCK, NJ, 07452	
Enter new mailing address, if applicable:	40 BENSON ROAD	7. P
(Mailing address MAY BE A POST OFFICE BOX)	GLEN ROCK, NJ. 07452	72 77
B. If amending the registered agent and/or registered of		enter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	89 174 174 174 174 174 174 174 174 174 174
Name of New Registered Agent:	<del></del>	140
New Registered Office Address:	Enter Florida street address	
	, Flori	da 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

# or removed from our records:

# MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ARMANDOT, EVORA	11223 SW 129 PLACE MIAMI,	
<del></del>		FL 33186	
		<del> </del>	■ Remove
			☐ Change
MGR	ARMANDO B. EVORA	10275 COLLINS AVENUE. # 732 BAL HARBOUR, FL	
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			Change
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Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note:  If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant to 605.0207 (3)( nuirements, this date will not be listed as the
ne record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of:
Dated Line 24 . 209.	
LIL	
Signature of a member or authorized representative of a	member
Armando B. Evera	
Hrmaryle B. Eyura Typed or printed name of signce	<del></del>

Page 3 of 3

Filing Fee: \$25.00