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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
CLIDITECTE	operty Management, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
		-	
r lease retain an corresp	ondence concerning this matter	to the following.	
	Miguel Armenteros		
		Name of Person	
	Name of Limited Liability Company riticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Miguel Armenteros Name of Person Annesser Armenteros, PLLC Firm/Company 2525 Ponce De Leon Blvd., Suite 625 Address Coral Gables, Florida 33134 City/State and Zip Code miguel@aa-firm.com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: eros Name of Person 1786 Area Code Daytime Telephone Number		
	2525 Ponce De Leon Blvo	I., Suite 625	
		Address	Code Innual report notification) 600-7468 Daytime Telephone Number Fee & \$60.00 Filing Fee. Certificate of Status & Certificate Opy (additional copy is enclosed)
	Coral Gables, Florida 331	34	
	migual@ag firm com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Miguel Armenteros			
Name (of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lennox Property Management, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L19000079015	Company were filed on March 26, 2019	and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
		120 <u>20</u>
		E T
Enter new mailing address, if applicable:		28
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	5	<u> </u>
3. If amending the registered agent and/or registered	l office address on our records, <u>enter the na</u>	me of the new regis
gent and/or the new registered office address here:		
N. C.V. B. S. L.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	r.nter r torida street address	
	, Florida _	Zin Code
	City	(in Lode

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>	Address	Type of Action
MGR	Rafat Alkahwaji	111 NE 1st ST	☐Add
		8th FLOOR #316	≣Remove
		MIAMI, FL 33132	□Change
			□Add
			□Remove
			□ Change
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an effective date is listed lote: If the date insert	er than the date of fi i, the date must be specified ted in this block does no late on the Department	and cannot be prior to da not meet the applicable	0 ste of filing or more than 9 statutory filing require	(optional) 0 days after filing.) Pements, this date w	Pursuant to 605.0207
	ayed effective date, but	not an effective time,	at 12:01 a.m. on the ea	rlier of: (b) The 9	90th day after the
	1 11 1 1				
is filed.					
d is filed.	Signature		I representative of a mem	ıber	

Filing Fee: \$25.00