L19000090339

(Requestor's Name)	
(Address)	90035
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	01/15/21
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer;	





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01/15/21--01012--006 **25.00

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2/22/21

COVER LETTER

		*	
TO: Registration Section Division of Corpor	ations		
SUBJECT: PAN	Name of Lim	ORIDA PROPER	ZTIES LLC
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	HOWARD	Name of Person	
	PANOPU	Y FLORIDA Firm/Company	
	P.O. BOX	3 8 3 1 Address	
-	ONTARIO	City/State and Zip Code	91761
_	E-mail address: (to be used for future annual report no	otification)
For further information conce	erning this matter, please ca	all:	
H. WALKE		at (323) 30	9 · 0032 me Telephone Number
	201	71102 Code 174yu	me receptione rounizer
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	330.00 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)
Mailing Address:	ion	Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ity Company as it now appears on ou a Limited Liability Company)	<u>r records.</u>)
Company were filed on $\frac{4/2}{39}$	2/2019 and assigned
•	on "LLC" or the abbreviation "L.L.C."
RESS)	
	2021 J.
	· == T
	· 5 F
d office address on our records	, enter the name of the new registe
Enter Florida stre	et address
	, Florida
City	Zip Code
	Enter Florida stre

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing cannot the date inserted in this block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to	o 605.020
iment's effective date on the Department of State's records.	ming requirements, this date will live of	e nated t
ord specifies a delayed effective date, but not an effective time, at 12:01 an filed.	m. on the earlier of: (b) The 90th day	after th
1/1/		
d 1/1/2021 2021		
	tive of a member	_

Typed or printed name of signee