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2019 MAY -3 Fit 1: 02

Amend

COVER LETTER

TO: Registration Division of C			
SUBJECT:	VILMA PROPE Name of Limit	RFIES LLC.	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	spondence concerning this matter t	o the following:	
	MARC	GARCON	
	REAL ES	HATE ConsultAr Firm Company	nts GROUP, Inc
	640 Clem	Atis Street 1	Unit 3772
	West 1	Alm Beach, City/State and Zip Code	FL 33402
	E-mail address: (1	CON 12 @ ADL. To be used for future annual report notifi	Com_
For further informatio	n concerning this matter, please ca	ıll:	
MARC	GARLON ne of Person	at (<u>561)</u> <u>436</u> Area Code Daytime	-7799 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

WILMA PROPERTIES, LLC.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 4/2/9 and assigned Florida document number 1900094207.
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 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 ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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 = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	REAL ESTATE Consultants GROUP, In C.		
	GROUP, Inc.	640 Clematis St WPB, Pl 3340	22 Remove
			Change
			Add
			□ Remove
			Change
			🗖 Add
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an effectiv	date, if other the re date is listed, the cone date inserted in s effective date or	late must be specifi this block does t	e and cannot be price not meet the apple	icable statutory f	r more than 90 days	optional) after filing.) Pursuar s, this date will not	it to 605.0203 be listed as
e recorc The 90	d specifies a de th day after th	elayed effectione record is file	ve date, but n led.	ot an effectiv	e time, at 12:	01 a.m. on the	earlier o
ated	Spril a	29	20/9				
,	/						
	_	Signature	of a member of all	horized representa	nve of a member		

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Filing Fee: \$25.00