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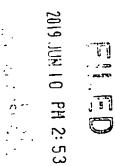
(Requestor's Name)				
(Address)				
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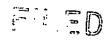
COVER LETTER

	egistration Secti livision of Corpo					
SUBJECT	r:		NT PROPERTIES. LLC ed Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please retu	ırn all corr e spond	ence concerning this matter to	o the following:			
			Oue'Varis Turnquist Name of Person	<u> </u>		
			Name of Person			
			Firm/Company			
		6750 NOR1	TH ANDREWS AVE, SUIT	E 200		
	FORT LAUDERDALE, FL 33309 City/State and Zip Code					
	berains@live.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
Que'Varis Turnquist Name of Person		at (<u>754</u>) <u>366-2703</u> Area Code Daytime	Telephone Number			
Enclosed is a check for the following amount:						
\$ 25.0€) 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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUNIO PM 2:53

	IT PROPERTIES LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
,	Claumity Company)		
The Articles of Organization for this Limited Liability Company	were filed on <u>04/18/2019</u> and assigned		
Florida document number <u>L19000099912</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	sility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6750 North Andrews Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Suite 200		
	Fort Lauderdale, Florida 33309		
Enter new mailing address, if applicable:	6750 North Andrews Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 200		
	Fort Lauderdale, Florida 33309		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u>		
Name of New Registered Agent: Michael	el Cily		
New Registered Office Address: 5480 L	yons Road, Unit 108 Enter Florida street address		
<u>Coconut</u>			
	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

Page 1 of 3

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>	Name	Address	Type of Action
<u>MGRM</u>	BRUNO DELVA	2 NW 60TH TERRACE	
		MIAMI, FL 33127	Remove
			Change
MGR	FAUBERT BONHEUR	13900 NE 11TH AVE	√ Add
		NORTH MIAMI, FL 33161	□ Remove
			☐ Change
MGR	THE MSF TRUST	13650 FIDDLESTICKS BLVD	Add
		SUITE 153	Remove
		FORT MYERS, FL 33912	☐ Change
			Add
			Remove
			Change
			D Add
			Remove
			Change
			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
MICHAEL CILY IS THE IRREVOCABLE REGISTERED AGENT OF THIS
LIMITED LIABILITY CORPORATION. THE FOUNDING ADDRESS OF
THIS LIMITED LIABILITY CORPORATION BELONGS TO MICHAEL CILY.
MR. CILY PAID FOR THE INCORPORATION OF THIS CORPORATION
AND IS FULLY RESPONSIBLE FOR ITS OPERATION. THE MSF TRUST
IS REPSONSIBLE FOR THE DAILY OPERATIONS OF THIS CONCERN.
ANY CHANGES AFTER THIS DATE ARE INVALID WITHOUT THE EXPRESS
WRITTEN APPROVAL OF MR. CILY.
BRUNO DELVA HAS NO AFFILIATION WITH THIS LIMITED LIABILITY
CORPORATION. HIS INCLUSION ON ANY DOCUMENTS WILL BE DEEMED
FRAUD. MR. CILY IS IN POSSESSION OF THE SOLE OPERATING AGREEMENT
OF THIS LIMITED LIABILITY CORPORATION AND WILL POST SAID AGREEMENT
ACCORDINGLY. CHRISTIAN MURRAY IS A MINORITY SHAREHOLDER
AND HAS NO POWER TO SIGN ON BEHALF OF THIS LIMITED LIABILITY
CORPORATION. ONLY MR. CILY OR MR. BONHEUR. Registerid Ayeni
E. Effective date, if other than the date of filing: IUNE 6, 2019 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3xb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated JUNE 6 . 2019 .
Signature of a member or authorized representative of a member
MICHAEL CILY Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00