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COVER LETTER

	egistration Sec vision of Corp			
erin mezer	LR Property	/ Management LLC		
SUBJECT	:	Name of Limi	ited Liability Company	····
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Ozzie (Oscar) Mutz		
			Name of Person	
		Laurel Ridge		
			Firm/Company	
		605 S Willow Ave		
			Address	
		Tampa, FL 33606		
			City/State and Zip Code	
		Ozzie@LaurelRidge.net		
		E-mail address: (to be used for future annual report notific	ration)
For further	information co	oncerning this matter, please co	all:	
Ozzie (Os	car) Mutz		863 698-1493 at ()	
	Name o	l Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling 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

LR Property Management 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 April 25, 2019 ___ and assigned Florida document number 1.19000113470 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 "LLC," 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 new 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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	Bert de Alejo	3014 W Waverly Ave Tampa, FL 33629	■ Add
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D. If amending any other informat	ion, enter change(s) here: (Attach additional sheets, if necessary.)
2. 2 2.	
E. Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ck does not meet the applicable statutory filing requirements, this date will not be listed
	effective date, but not an effective time, at 12:01 a.m. on the earlier
Dated June 10	2019
Oscar	Signature of a inscriber of authorized representative of a member
Oscar U Mutz, III	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00