

L19000139294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

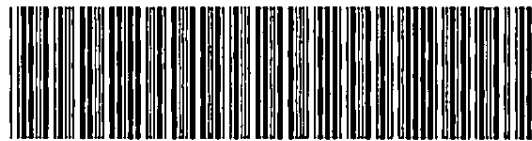
(Business Entity Name)

(Document Number)

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2/2/21
AS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROPERTY HOUSE MANAGEMENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AUGUSTO CIORCIARI

Name of Person

Firm/Company

7032 NW 50 ST

Address

MIAMI FL 33166

City/State and Zip Code

ZURICHCORP@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:

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**

PROPERTY HOUSE 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 05/31/2019 and assigned
Florida document number L19000139294

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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2020 DEC 28 PM 3:47

...adding 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>	<u>Address</u>	<u>Type of Action</u>
MGR	CIORCIARI CLAUDIO	7032 NW 50 STMIAMI, FL 33166	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CIORCIARI AUGUSTO	7032 NW 50 STMIAMI, FL 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Year	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	2000	2010	2020
Population	1,000	1,500	2,000	2,500	3,000	3,500	4,000	4,500	5,000	5,500	6,000	6,500	7,000
Area	100	150	200	250	300	350	400	450	500	550	600	650	700
Volume	10	15	20	25	30	35	40	45	50	55	60	65	70
Weight	100	150	200	250	300	350	400	450	500	550	600	650	700
Length	10	15	20	25	30	35	40	45	50	55	60	65	70
Width	10	15	20	25	30	35	40	45	50	55	60	65	70
Height	10	15	20	25	30	35	40	45	50	55	60	65	70
Depth	10	15	20	25	30	35	40	45	50	55	60	65	70
Temperature	10	15	20	25	30	35	40	45	50	55	60	65	70
Pressure	10	15	20	25	30	35	40	45	50	55	60	65	70
Humidity	10	15	20	25	30	35	40	45	50	55	60	65	70
Wind Speed	10	15	20	25	30	35	40	45	50	55	60	65	70
Cloud Cover	10	15	20	25	30	35	40	45	50	55	60	65	70
Precipitation	10	15	20	25	30	35	40	45	50	55	60	65	70
Solar Radiation	10	15	20	25	30	35	40	45	50	55	60	65	70
Air Quality	10	15	20	25	30	35	40	45	50	55	60	65	70
Water Quality	10	15	20	25	30	35	40	45	50	55	60	65	70
Soil Quality	10	15	20	25	30	35	40	45	50	55	60	65	70
Vegetation	10	15	20	25	30	35	40	45	50	55	60	65	70
Wildlife	10	15	20	25	30	35	40	45	50	55	60	65	70
Human Activity	10	15	20	25	30	35	40	45	50	55	60	65	70
Urbanization	10	15	20	25	30	35	40	45	50	55	60	65	70
Industrialization	10	15	20	25	30	35	40	45	50	55	60	65	70
Transportation	10	15	20	25	30	35	40	45	50	55	60	65	70
Communication	10	15	20	25	30	35	40	45	50	55	60	65	70
Education	10	15	20	25	30	35	40	45	50	55	60	65	70
Healthcare	10	15	20	25	30	35	40	45	50	55	60	65	70
Government	10	15	20	25	30	35	40	45	50	55	60	65	70
Religion	10	15	20	25	30	35	40	45	50	55	60	65	70
Culture	10	15	20	25	30	35	40	45	50	55	60	65	70
Language	10	15	20	25	30	35	40	45	50	55	60	65	70
Art	10	15	20	25	30	35	40	45	50	55	60	65	70
Science	10	15	20	25	30	35	40	45					

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(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 (3)(b) 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.

Dated DECEMBER 23 2020

Signature of a member or authorized representative of a member

CIORCIARI CLAUDIO

Typed or printed name of signee:

Filing Fee: \$25.00