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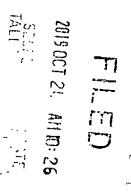
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	Registration S Division of Co			
SUBJEC	T: Florida	's Finest Properties, LLC		
	-	Name of Li	nited Liability Company	
		f Amendment and fee(s) are suit ondence concerning this matter		
		Miguel J. Rodriguez		
			Name of Person	
		Rodriguez, Kinzbrunn		
			Firm/Company	
		1776 N. Pine Island Re	d, Ste. 216	
			Address	
		Plantation, FL 33322		
			City/State and Zip Code	
		dsmith@smmre.com E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please ca	all:	
1	Miguel Rodrigi		at (_954)680-6114 Area CodeDaytime	4
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
⊠ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Flor	ida's Finest Properties, LLC		
(Name of the Lin	nited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	-
The Articles of Organization for this Limited	Liability Company were filed on	06/04/19	and assigned
Florida document numberL19000148865	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS _I		
			70
Enter new mailing address, if applicable:	·		- 5
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
			22 -
B. If amending the registered agent and	l/or registered office address on	our records, ente	er the name of the nev
registered agent and/or the new registered o	ffice address here:		26
Name of New Registered Agent:	N/A		·
New Registered Office Address:	N/A		
	Enter Florid	la street address	
		, Florida _	
	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

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
Director	Daniel L. Smith	2500 N. Military Trail, Ste 201	
		Boca Raton, FL 33431	☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			🖸 Сһапде
<u></u>			
			Remove
			☐ Change
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			Remove
			□ Change

_	N/A
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effec	e date, if other than the date of filing:
<u>e:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ımen	t's effective date on the Department of State's records.
eco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
ne 9	Oth day after the record is filed.
	12/2
:d	10/21/2019,
	V_ Daniel L Smith
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00