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## **COVER LETTER**

	tration Sec on of Corp			
		PROPERTIES, LLC		
SOBJECT	<del></del>	Name of Lim	ited Liability Company	
		mendment and fee(s) are sub-	<u>-</u>	
Please return al	I correspon	dence concerning this matter	to the following:	
		William C. Voight, II		
			Name of Person	
		VOIGHT, P.A.		
			Firm/Company	
		7680 UNIVERSAL BLVD	SUITE 565	
			Address	
		ORLANDO, FL 32819		
		william@myvoight.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report n	otification)
For further info	rmation co	ncerning this matter, please ca	all:	
William C. Voight, II		407 477-4559 at ()		
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a cl	neck for the	e following amount:		
■ \$25.00 Filii	ng 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:

TO:

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

NEWLIFE PROPERTIES, LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 06/12/2019	and assigned:
Florida document numberL19000156249	·	SECRETARY OF STATE TALLAHASSEE, FLORIO
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "I	JLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	·
(Principal office address MUST BE A STREET	ADDRESS)	
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	27	rds, <u>enter the name of the n</u> e
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street add	iress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the regions of this change in the regions and the second area.	and complete performance of my duties, ered agent as provided for in Chapter 60 gistered office address, I hereby confirm	and I am familiar with and 35, F.S. Or, if this document is

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JIA, MOYONG, SR.	10782 LEMON LAKE BLVD ORLANDO, FL 32836	Add
			<b>□</b> Remove
			Change
AMBR	YU, DONGSHENG	7680 UNIVERSAL BLVD 565 ORLANDO, FL 32819	Add
			■ Remove
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			Add
			□ Remove
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Page 3 of 3

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