L19 000 159364

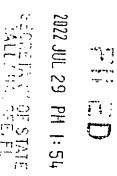
(R	Requestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
8)	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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A. BUTLER 0CT **2 4 2022**

COVER LETTER

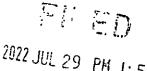
Registration Section

TO:

Division of Co	rporations	.*	•
SHRIFOTT:	MATT.N.&	A PROPERTIES LLC	
50m/001.	Name of Lir	nited Liability Company	
The enclosed Articles of	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Certified Copy (additional copy is enclosed)		
Please return all correspo	ondence concerning this matter	to the following:	
		JOSE LEON	
		Name of Person	
	LBS	LEON BUSINESERVICES LLC	
		Firm/Company	
	8.	333 W MCNAB RD STE 114	
		Address	
		TAMARAC, FL 33321	
		City/State and Zip Code	
		=	
			otification)
For further information e	oncerning this matter, please c	all:	
JOSE	LEON		
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Section orporations		orporations
Tallahassee. I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



МАТ	T.N.& A PROPERTIES LLC	ال ۱۹۶۶ ا	3L 29 PM 1:54
(Name of the Limited Link (A Flor	T.N.& A PROPERTIES LLC pility Company as it now appears ida Limited Liability Company)	on our records.)	Zin OF STATE
The Articles of Organization for this Limited Liability		06/17/2019	
lorida document number L19000159364			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li-	mited liability company her	<u>e</u> ;	
he new name must be distinguishable and contain the words "L	imited Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		_	
Principal office address MUST BE A STREET ADI	DRESS)		
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		 -	
. If amending the registered agent and/or register	ed affice address on our rec	ands antar the nam	o of the new regist.
gent and/or the new registered office address here	;	oros, <u>enter the han</u>	ie of the new registi
Name of New Registered Agent:			
New Registered Office Address:	Enter Floride	a street address	
		, Florida	
	City	, 1 101 104	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 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
MGR	GEOVANNY RODRIGUEZ	13141 SW 8 ST	□Add
		DAVIE, FL 33325	
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

THANK YOU.	
	
	
	<u> </u>
	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.	pant to 605.0
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th is filed.	day after t
\mathcal{A}	

Filing Fee: \$25.00