h19000164478

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



800351137058

08/27/20--01013--027 ++25.00

#:27 An (nd.

CCT 1 1 ZUZU

I ALBRITTON

COVER LETTER

TO:

TO:	Registration Se Division of Cor			
C11713.11	· con	600 PROPER	RTY HOLDINGS, LLC	
SUBJE	.CI:	Name of Lin	nted Liability Company	
			,	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Itiability Company Itid for filing. Ithe following: CARLOS JOSE TERAN Name of Person Firm-Company OCEAN DRIVE, UNIT 1022 Address LYWOOD, FL 33019 CityState and Zip Code a2Hores@yahoo.com ise used for future annual report notification) T86- at (Area Code) Daytime Telephone Number CI \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
			Name of Person	
			CARLOS JOSE TERAN Name of Person Firm-Company 2501 S. OCEAN DRIVE, UNIT 1022 Address HOLLYWOOD, FL 33019 City/State and Zip Code mica2Hores@yahno.com mail address: (to be used for future annual report notification) tter, please call: RES at (
			Address	T1
		11	OLLYWOOD, FL 33019	
			City/State and Zip Code	
For furt	ther information c	E-mail address: (oncerning this matter, please c	·	tiffcation)
		SHABI FLORES	,	
	Name o	f Person		me Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address			
Registration Section Division of Corporations				
	P.O. Box 632	7		
	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

600 PROPERTY HOLDINGS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/24/2019 The Articles of Organization for this Limited Liability Company were filed on L19000164478 Florida document number ____ 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 _, Florida ___ City

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>	<u>Name</u>	Address	Type of Action
AMBR	SHABI FLORES	2800 NE 203TH STREET, APT 14	= Add
		AVENTURA, FL 33180	□Remove
			□Change
		□Remove	
		□Change	
		□Remove	
			□Add
			Bemove
		.	\Change
		 	□Add
			Remove
		🗆 Add	
			— Changa

If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	<u> </u>
-	
-	
-	
-	
-	
_	
_	
-	
-	
-	
-	
-	
-	
_	
-	
Note:	ve date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	AUGUST 15 2020
	Signature of a member or authorized representative of a member
	MANAGER

Filing Fee: \$25.00