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## **COVER LETTER**

	gistration Section vision of Corporations
SUBJEC	5415 Properties, UC Name of Limited Diability Company
The enclo	d Articles of Amendment and fee(s) are submitted for filing.
Please ret	n all correspondence concerning this matter to the following:
	Virgilio Peralta Name of Person
	Firm/Company
	8805 NW 27 Street Address
	Coral Springs, PL 33065  City/State and Zip Code  Regautomotive Quahoo. Com  E-mail address: (to be used for future annual report notification)
For furthe	information concerning this matter, please call:
	Jame of Person at (954) 429-1200 Area Code Daytime Telephone Number
Enclosed	a check for the following amount:
\$25.0	Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee.\$  Certificate of Status Certified Copy (additional copy is enclosed)  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

5415 Properties	
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company w	were filed on July 30, 2019 and assigned
Florida document number <u>L   9000   94942</u> .	9
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	2015
Enter new mailing address, if applicable:	55
(Mailing address MAY BE A POST OFFICE BOX)	3:
B. If amending the registered agent and/or registered offi	
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 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as prheing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Rosalina Peralta	8805 NW 27 St.	<b>™</b> Add
		2805 NW 27 St. Coral Springs, FL	□ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated 10/02 , 2019.
Signature of a member or authorized representative of a member
Typeder printed name of signee

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Filing Fee: \$25.00