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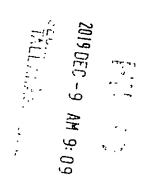
(Requestor's Name)	
(,	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

<sup>(</sup> TO: Registration Section Division of Corporations

CUBICT	P.T.R FAM	MILY PROPERTY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		GIOVANNI RUBIANO	
		Name of Person	
	P	T.R FAMILY PROPERTY LI	C
		Firm/Company	
	59	023 CAUSEWAY BLVD	
		Address	
		TAMPA, FL 33619	
		City/State and Zip Code	
		ptrpropertyllc@gmail.com	
	E-mail address: (	to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	
GIOVA	ANNI RUBIANO	813 at ( )	520-8480
Name	of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	The Centre	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P.T.R	R FAMILY PROPERTY LLC		
(Name of the Limited I. (A F	iability Company as it now appear Torida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on	08/14/2019	and assigned
Florida document numberL19000206669	<del></del> ·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	2:		
(Principal office address MUST BE A STREET A	DDRESS)		<del></del>
			201 <b>9</b>
			71. Jan
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		<u> </u>
			0
B. If amending the registered agent and/or regis		ecords, <u>enter the</u>	name of the new register
agent and/or the new registered office address he	ere:		
Name of New Registered Agent:			
New Registered Office Address:		·	
	Enter Flor	ida street address	
_		, Floric	
	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 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
MGR	ANDY AFONSO	722 RIVER POINT DR	
		TAMPA, FL 33619	■Remove
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			□Add
		<del></del>	□Remove
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an effect <u>Vote:</u> If	e date, if other than the date ive date is listed, the date must be sp the date inserted in this block dut's effective date on the Departr	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 loes not meet the applicable statutory filing requirements, this date will not be listed as
record s d is filed		e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	DECEMBER 04	· 2019
		(fruit)
	Signa	ature of a member of authorized representative of a member