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T. LEWISTIN

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION

ANTICLES OF	UNGANIZA	
	OF	2313 NOV -4 P 16 14 3
(Name of the Umited Liability Con (A Florida Limite	PROF	ERTY LLC
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 1900023233</u> /	ny were filed on _	09-23-20/9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company I	oere:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		M/A.
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		U/A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address o	n our records, enter the name of the ne-
Name of New Registered Agent:		N/A.
New Registered Office Address:		
	Enter Fla	rida street address
	City	FloridaZin Code
•	X107	ир сове

New Rogistered 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 an familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. O., 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 Fegistered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member <u>Title</u> Name Address Type of Action MERH YARSEL M. GARCIA 14422 SW 280th J WAD APT 101 Remove

HOHESTEAD FL 330 Change _____ □ Add ____ 🗆 Remove _____ Change ____ C Remove ____ Change ☐ Remove _____ Change _____ 🖸 Remove ____ 🗀 Remove

_____ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
-	
-	
Effecti	ive date, if other than the date of filing: 09-23-20/9 (optional)
	ective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutors filling requirements this days after filling.)
docum	ent's effective date on the Department of State's records.
ie rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
me	90th day after the record is filed.
	MOVEMBER OF, 2019
Dated	Moverber of appr
	I MIDE N
	/ 1 (MI)MV /
	Signature of a member or authorized representative of a member
	Signature of a metabellor authorized representative of a member 16NA CO LOPEZ

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