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## **COVER LETTER**

TO:	Registration Se Division of Cor							
emb n	3.23(8)	PERTIES, LLC						
SUBJECT:  Name of Limited Liability Company								
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		PHILIP VAN NESS						
		PVN PROPERTIES, LLC	Name of Person					
Firm/Company P O BOX 562952								
		MIAMI, FL 33256	Address					
		City/State and Zip Code PEVANNESS@GMAIL.COM						
		E-mail address: (	to be used for future annual report noti:	fication)				
For fur	ther information c	oncerning this matter, please co	all;					
PHILI	P VAN NESS		305 812-7909 at ()					
	Name o	f Person	Area Code Daytim	e Telephone Number				
Enclos	ed is a check for th	ne following amount:						
<b>À</b> \$2:	5.00 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 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

(Name of the Limited Liability Company as it now appears on our records.)

PVN PROPERTIES, LLC

(A	rtonga Limited	ілаониу Сопірапу)	
The Articles of Organization for this Limited Liab	ility Company	were filed on 09/16/2019	and assigned
Florida document number L19000232638	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liab	ility company here:	
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "	.LC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable	e:		2019 SE
(Principal office address MUST BE A STREET)	(DDRESS)		
Enter new mailing address, if applicable:			5 5 F
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	P O BOX 562952	20 : ·
		MIAMI, FL 33256	> 4
B. If amending the registered agent and/or registered agent and/or the new registered offic  Name of New Registered Agent:  New Registered Office Address:		SESS SESS Enter Florida street ad	h_S+ #56295.  Florida 33256
		City	Zip Code
New Registered Agent's Signature, if changing Reg	<u>istered Agent:</u>		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	and complete red agent as p istered office	performance of my duties provided for in Chapter 60	and I am familiar with and 35, F.S. Or, if this document is
			au a / p//
	If Char	nging Registered Agent, Signati	ire 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	DEVA ESTATES LIVING TRUST	8821 SW 136TH St # 562952 MIAMI, FL 33256	
			□ Remove
			■ Change
			□ Remove
			☐ Change
			☐ Remove
			Change
	,		□ Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

,	
E CCan	Sive date if other than the date of films.
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.
Dated	NOVEMBER 13 2019
	/au//C//
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00