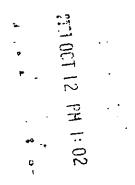
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(Re	questor's Name)	
<b>,</b> -	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





10/12/21--01038--010 \*\*25.00





## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations		
PVN PRO	PERTIES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	······································
	Name of Em	med islanity company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Corey Bray		
	<del></del>	Name of Person	
	LegalNature LLC		
	_	Firm/Company	
	8 The Green, Suite 4336		
		Address	<del></del>
	Dover, DE 19901		
		City/State and Zip Code	<del></del>
	abd748d6bd76-formation@		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Corey Bray		888 881-1139	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee,		The Centre of 3	Fallahassee be Street, Suite 810
i allulussee,		ZTIJ IN, MICHIO	o once, oune ero

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Linbility Comps (A Florida Limited)	iny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited I Florida document number L19000232638	Liability Company	were filed on 09/16	5/2019 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	;	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		2101 Brickell Ave.	. Apt 3305	
		Miami		
<u>-</u>	_	F1. 33129		
Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE"	<u> </u>	2101 Brickell Ave, Miami	. 23	
		FL 33129	· •0	
			0CT	
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our reco	ords, enter the name of the new regi	
Name of New Registered Agent:	N/A		~	
New Registered Office Address:	2101 Brickell /	Ave, Apt 3305	02	
Commission Symbol Total Co.		Enter Florida	street address	
	Miami		, Florida 33129	
			, riomaa	

## New Registered Agent's Signature, if changing Registered Agent:

DIA' DROBERTIES II C

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	DEVA ESTATES LIVING TRUST	2101 Brickell Ave. Apt 3305		_ □Add
		Miami		_ □Remove
		FL 33129		<b>⊆</b> Change
				_ □Add
				_ □Remove
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ctive date, if other than the date of filing:	prior to date of filing or	more than 90 days of	otional) Ber filing ) Pursuant to 605
E: If the date inserted in this block does not meet the ariment's effective date on the Department of State's received.	plicable statutory fil	ling requirements, t	his date will not be list
intent's effective date on the Department of State's reco	irgs.		
ord specifies a delayed effective date, but not an effecti	ve time, at 12:01 a.n	n. on the earlier of:	(b) The 90th day after
filed.			•
October 4 2021			
d			~~~ ·
	/	n /200	
ر	- Gul		
Signature of a member or	uthorized representati	ve of a member	

Filing Fee: \$25.00