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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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amed/Name Change

JUN 1 7 2020

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COVER LETTER

TO:	Registration Sec Division of Corp				
CUDIC		TY GROUP			,
SUBJE					
The enc	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		CLAUDIA MARIUS			
			Name of Person		
		AYA REALTY GROUP I	.L.C		
			Firm/Company		
		13985 SW 275TH STREE	T		
			Address		
		HOMESTEAD FL 33032			
		1 	City/State and Zip Code		
		CLAUDIAMARIUS@HO			
			to be used for future annual report i	notification)	
For furt	her information co	oncerning this matter, please c	all:		20 20
CLAUI	DIA MARIUS		786 999-5262	!	3
	Name of	Person	at () Area Code Day	time Telephone Number	SE MAY 26
Enclose	d is a check for th	e following amount:			 35
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate C Certified Co (additional cop	g Fee. 20 TO

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 MM 25 PM 3: 25

AYA REALTY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/24/2019}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CASH 4 PROPS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 13985 SW 275TH ST Enter new principal offices address, if applicable: HOMESTEAD, FL 33032 (Principal office address MUST BE A STREET ADDRESS) 13985 SW 275TH ST Enter new mailing address, if applicable: HOMESTEAD, FL 33032 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
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			□Add
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			□Change
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		□Remove	
			□Change
			□Add
			□Remove
			□Change

		
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Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	he date of filing:	optional) s after filing.) Pursuant to 605,0207 (3 s, this date will not be listed as th
he record specifies a delayed effec ord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
Dated MAY 19	2020	
	(25)	
	Signature of a member or authorized representative of a member	
CLAUDIA MARIUS	<i>(</i>	
	Typed or printed name of signee	

Filing Fee: \$25.00