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FILL AH 9: I

COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: 1000	nent Prop	erty Manager ited Liability Company	nent Semies LLC	,
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Julien	Name of Person		
(Prominent Pr	Openy Munceph Firm Company	nent Smices	
	4838 NW 2	2nd Street Address		
	Coconut (City/State and Zip Code .	063	
	DUEST E-mail address: (earty Services to be used for future annual report notif	Ogmal. (CM)
For further information cond	cerning this matter, please c	all:	2024 SEC	
JUILINE Name of Pe	JOSeph	at (954) 295- Area Code Daytimo	SECUL TARY OF SECULAR SECULATION OF TALLARS	() () () () () () () () () ()
Enclosed is a check for the f	following amount:		9: 16 STATI E. FL	, Land
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address		

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

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Enter Florida street 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

Florida

If amending or removed	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and ad	dress of each person being added		
MGR = Manager AMBR = Authorized Member		No changes to Authorzed Person Type of Action			
<u>Title</u>	<u>Name</u>	Address	Type of Action		
Mar	Julienne Soeph	*	□Add		
	R = Authorized Member		□Remove		
			☐ Change		
			□ Add		
			□Remove		
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			SECRETANY C		
			ANY OF STATE		
			□Remove		
			Change		
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	Authorized Person(s) authorized to From our records: lanager uthorized Member Name Julian Julian Name Name		□ Remove		

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Effectiv	e date, if other than the date of filing:(optional)	<u> </u>
lf an effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Parsuan to 605.0 the date inscreed in this block does not meet the applicable statutory filing requirements, this date will not be listed	1207 ا_عج
docume	it's effective date on the Department of State's records.	
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The with day after t	he
rd is file		
	January 1814h 2024	
Dated _	January 194h . 2024.	
	Lyline User	
	Signature of a member or authorized representative of a member	