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SUBJECT	363 PROPERTY, LLC				
SUBIRCI	· <u></u>	Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	ırn all correspo	ondence concerning this matter	to the following:		
		LAURA CASTILLO			
			Name of Person		
		363 PROPERTY, LLC			
			Firm/Company		
		7095 W 5TH CT			
		-	Address		
		HIALEAH			
			City/State and Zip Code		
		LAURACASTILLO.REAL	•		
			to be used for future annual report no	tification)	
For further	information c	oncerning this matter, please c	all:		
LAURA C	ASTILLO		305 \$12-2671		
	Name o	f Person		me Telephone Number	
Enclosed is	s a check for th	ne 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)	
	ailing Addres egistration S		Street Address:	ection	
	-	orporations	-	Registration Section Division of Corporations	
P.	O. Box 632	7	The Centre of	Tallahassee	
T:	allahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES **O**F AMENDMENT TO ARTICLES **OF** ORGANIZATION OF

363 PROPERTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned L The Articles of Organization for this Limited Liability Company were filed on $\frac{02/07/2020}{1}$ 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 "LLL. 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 City 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.

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
MGR	CASTARY ROCA. INC	19423 NW 53 PL	≣ Add
		MIAMI GARDENS FL 33055	——————————————————————————————————————
			□Change
			□Add
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an effecti ote: If t	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or a the date inserted in this block does not meet the applicable statutory filint's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0207 (ng requirements, this date will not be listed as t
record sp is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m d.	on the earlier of: (b) The 90th day after the
ated	February 27th, 2020.	
	Att 1/1	
	a guita	
	Signature of a member or authorized representative	e of a member

Filing Fee: \$25.00