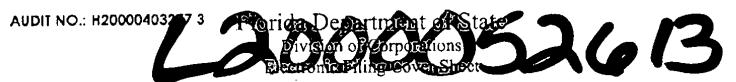
Division of Comorations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000403277 3)))



H200004032773AECZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.

Account Number : 072720000142 : (305)442-1567

Phone

Fax Number

: (305)442-1227

\*\*Enter the email accress for this business entity to be used for future  $\frac{\pi}{2}$ annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN F.E.E.L. PROPERTIES LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$55.00	

O SIMMONS.

NOV 24 2020

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO .: H20000403277 3

AUDIT-NO.: H20000403277 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

wh = 1.1 2:19

F.E.B.L. PROPERTIES LLC						
(Name of the Limite	ed Liability Company as (A Florida Limited Liabil	it now appears on our reity Company)	cords.)			
This amendment is submitted to amend the follow	a document number L20000052613  mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  an amending name, enter the new name of the limited liability Company," the designation "LUC" or the abbreviation "LUC."  new principal offices address, if applicable:  sipal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:					
A. If amending name, enter the new name of	the limited liability	company here:				
The new name must be distinguishable and contain the wa	ords "Limited Liability C	ompany," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	able:					
(Principal office address MUST RE A STREE	T ADDRESS)					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE.)	<u>BOX)</u>					
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office add ss here:	ress on our records, g	nter the name of the new registered			
Name of New Registered Agent:	ed A gent: M.J.F. REGISTERED AGENT CORP.					
	ny Registered Office Address: 153 SEVILLA AVENUE					
ı	CORAL GABLES	City Zip Code				
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete pe istered agent as pro registered office ad	rjormance oj my auu vided for in Chapter	605, F.S. Or, if this document is			

FAX AUDIT NO.: H20000403277 3

23 2020 11:33AM MUF P.A. 3034421227

page 3

AUDIT-NO.: H20000403277 3 f 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

1.4% 17 . . 2:49

<u> Fitle</u>	Name	Address	Type of Action
AMBR	ELINA STATKUS	10350 W. BAY HARBOR DRIVE #3D	🗆 /\dd
		BAY HARBOR ISLANDS, FL 33154	≣Remove
			DChange
AMBR	FREDERIC MARQ	1 194 VENETIAN WAY	<b>≦</b> ∧dd
		MIAMI, BEACH, FL 33139	□ Remove
			□ Change
			Remove
			Change
<del></del>			□Add
			□Remove
			Change
			□Add
	·		□Remove
			Change
			□Add
			Remove
			Change

23 2020 11:33AM MUF P.A. 3004421221

AUDIT NO.: H20000403277 3

							·
		<u></u>					
				· ····		··· · · - ·	
·			<del></del>				
-							
	<u></u>	<del></del>					
				<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>
	<del></del>		· · · · · · · · · · · · · · · · · · ·				
-							
_				<u></u>	<del></del>		
	·		<u> </u>				
				<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del></del>
					<del></del>		
	<u></u>				<del></del>		
			<del></del>	·			
	_						
-							
f an effect Note: If	tive date is listed, the date inserte	er than the date of the date must be speci ed in this block docs are on the Department	fic and cannot be not meet the a	ppiicaose statute	ing or more than 90 ory filing requirer	(optional) days after filing.) Pu ments, this date will	quant to 605,0207 not be listed as t
record a		yed effective date, b	ut not an effect	live time, at 12:0	I a.m. on the car	lier of: (b) The 90	th day after the
Nated	OVEMBER	20 th	2020	<del></del> ,			
(	Det	And the state of	·····		sentative of a memi		
	•	/ Signalui	e of a member or	r aunnorized rapie:	SCHIBITAC OF S INCHI	JC1	
	FREDERIC	1.	e of a member or	r aundorized rapies	SCHERVE ST 8 INCHIN	Jei	

FAX AUDIT NO.: H20000403277 3

Filing Fee: \$25.00