120000066758

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	ne)
	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration So Division of Cor			
AAA PRO. SUBJECT:	PERTY MANAGEMENT & S	ERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	Amarilys Bonilia		
		Name of Person	
	AAA PROPERTY MANA	GEMENT & SERVICES LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	P.O. Box 440902		
		Address	
	Miami, FL 33144		
	 	City/State and Zip Code	
	AAApropertymngmt@gma	il.com to be used for future enhabl report actifica	tion
For further information of	concerning this matter, please co	·	ouns;
Amarilys Bonilla	3	305 360-0068	
Name o	f Person	Area Code Daytime To	elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Section	on

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

TO:

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 2017 -2014

AAA PROPERTY MANAGEMENT & SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Thus Andrea on a Communication for the Limited Collins Comm	2/26/202	0
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000066788</u> .	oany were filed on	and assigned
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 L	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3093 SW 148th Place	
(Principal office address MUST BE A STREET ADDRESS	Miami, FL 33185	
Enter new mailing address, if applicable:	P.O. Box 440902	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33144	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our record	s, enter the name of the new registered
2002 CM 1	40sh Di	
New Registered Office Address: 3093 SW 1	Enter Florida sır	eet address
		33185
Miami		, Florida 33183
Miami	Ciry	, Florida 33185
Miami ———————————————————————————————————	*	, Florida 33103 Zip Code

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>	Name	<u>Address</u>	Type of Action
MGR	Amaritys Bonilla	3093 SW 148th Place Miami, FL 33185	= Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	
			□Remove
			□Change
			□Remove
			C) Change

	.
Tective date, if other than the date of filing: (option)	onal)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after one; If the date inserted in this block does not meet the applicable statutory filing requirements, this ocument's effective date on the Department of State's records.	filing.) Pursuant to 605.0207
·	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b is filed.	The 90th day after the
ated October 22 2020	
Signature of a member or authorized representative of a member	
Signature ova member or authorized representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee