## L20000354391

(Re	equestor's Name)	_
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	#)
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## **COVER LETTER**

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TO:

	Registration Se Division of Cor						
		AMBRA PROPERTY MANAGEMENT LLC					
SUBJEC	l:	Name of Lim	ited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please rett	ırn all correspo	ndence concerning this matter	to the following:				
		CHRIS CONA					
			Name of Person	<del></del>			
		CONA LAW PLLC					
			Firm/Company				
		3785 Airport Road, Suite (	C				
		<del></del>	Address				
Naples, Florida 34105							
		<del></del>	City/State and Zip Code				
		evaokenka@gmail.com					
		E-mail address: (	to be used for future annual repo	ort notification)			
For furthe	r information c	oncerning this matter, please c	all:				
chris cons	1		239 234-6	822			
	Name o	f Person	Area Code	Daytime Telephone Number			
Enclosed i	is a check for th	ne following amount:					
<b>≡</b> \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	lailing Addres		Street Addr				
Registration Section Division of Corporations		_	Registration Section Division of Corporations				
P.O. Box 6327		The Centre	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ü	•	<b>₹</b>
Ambra Party NAME of the Limi	Ajeant LL		
(Name of the Limi	(A Florida Limited	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited L Florida document number 20000354391	iability Company	were filed on 11/9/20	and assigned 芸芸 公 ジ
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of the new name must be distinguishable and contain the			or the abbreviation "L.L.C."
		1391 Oakes Blvd	<b>5. 110 10</b> 11 11 11 11 11 11 11 11 11 11 11 11 11
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		Naples, Florida 34119	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	· BOX)	1391 Oakes Blvd Naptes, Florida 34119	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our records, enter t	the name of the new registered
Name of New Registered Agent:	Eva Okenka		<del></del>
New Registered Office Address:	1391 Oakes Bl	vd	
2.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Enter Florida street address	•
	Naples	, Fla	orida 34119
		City	Zip Code

## 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.

Eva Okenka

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:

<u>Title</u>	<u>Name</u>	Address	Type of Ac
Ambr	Ivo Krizek	1617 Spoonbill Lane, Unit C, Naples, Florida 34105	Type of Ac
			_ □Add P □ Add P □ BRemov
			□Change
Ambr	Roger Kalb	1313 Monarch Circle, Naples, Florida 34116	□Add
			■Remov
			Change
			🗆 Add
			□Remov
			Change
			🗆 Add
			□Remov
			□Change
			□Add
			□Remov
		<u></u>	□ Change
			□Add
			□Remov
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NA E. Effective date, if other than the date of filing: \_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member Christopher J Cona Esq. FBN 0141178

Filing Fee: \$25.00

Typed or printed name of signee