1/7/2021

Division of Corporations



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.

(((H210000074903)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 076077001702 : (407)841-1200 Phone : (407)423-1831 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____mattfilip18@gmail.com

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ARTICLES OF AMENDMENT TO (((H21000007490 3))) ARTICLES OF ORGANIZATION:

(Name of the Limited Liability Compa	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on Documber 3, 2020	and assigned
Florida document number L20000367783		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
A. It smenong name, enter me new name of the transferred		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	488 Pickford Point	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Longwood, FL 32779	
		> 22
		· ·
Enter new mailing address, if applicable:	488 Pickford Point	rn- = 101
(Mailing address MAY BE A POST OFFICE BOX)	Longwood, FL 32779	
		π; ω
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	
Name of New Registered Agent:		the name of the new registere
agent and/or the new registered office address here:	address on our records, <u>enter</u> Enter Florida street addres	the name of the new registere
Name of New Registered Agent:	Enter Florida street addres	the name of the new registere
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addres, Flo	the name of the new registered
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	Enter Florida street addres, Flo City	the name of the new registere s orida Zip Code
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addres Florida street addres City t: tree to act in this capacity. I full the performance of my duties, as provided for in Chapter 605,	the name of the new registere Tap Code Ther agree to comply with the new familiar with and F.S. Or, if this document is

(((H21000007490 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H21000007490 3)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR Mauh	Matthew Filip	488 Pickford Place	
		Longwood, FL 32779	<u></u> ≝ Remove
			UChange
AMBR Mauhew Filip	Mathew Filip	488 Pickford Point	
		Longwood, FL 32779	□Remove
			□Change
		_	□ Add
		□ Remove	
		Change	
			□∧dd
		Remove	
			☐ Change
		□ Rетючс	
		UChange	
		□Add	
			□ Remove
(((H210	000007490 3)))		∏Chunoe

Ifamend	(((H21000007490 3))) ling any oth information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
_	
_	
_	
If an effect Note: If	e date, if other than the date of filing: ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
e record s and is filed	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
Dated	1/6/ 2021
	Signature of a member or authorized representative of a member
	Matthew Filip Typed or printed name of signice

Filing Fee: \$25.00

(((H21000007490 3)))