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Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: NEWLINE	PROPERTIES LLC	(c. 1.1 (c. 1.1) (c. 7)		
	stante of Linn	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RAY DOMINGUEZ			
	Name of Person SMAART LLC			
	Firm/Company 8200 W 33rd AVE STE			
	HIALEAH, FL 33018	Address		
	RAY@SMAARTBIZ.COM	City/State and Zip Code		
		to be used for future annual report n	otification)	
For further information c RAY DOMINGUEZ	oncerning this matter, please ca	all: 305 764 - 6179	1	
RAT DOMINGOEZ.				
Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed is a check for the	he 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	
<u>Mailing Addres</u> Registration !		Street Address:	Section	
Division of C		-	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 37922F98-03F2-41E4-83B3-AEFB2A3113DB ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

NEWLINE PROPERTIES LLC

2022 JUN 16 AM ID: 27

(Name of the Limited Liah	bility Company as	it now appears on our re	TALLAHASSEE FE
(A Flor	rida Limited Liabilit	y Company)	TALLAHASEEMISE
The Articles of Organization for this Limited Liability	v Company were	01/20/2021	and assigned
Florida document number			
Florida document number	 ·		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability o	ompany here:	
	·	-	
The new name must be distinguishable and contain the words "f.	Limited Liability Co	mpany." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Trincipal office analysis proof profits the profits and the pr	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register	red office addre	ess on our records, <u>e</u>	nter the name of the new <u>register</u>
agent and/or the new registered office address here		-	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.		Enter Florida street a	ddress
			Florida
	ſ	`ity	, Florida Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered ager	ent and auree to	act in this canacity	I further agree to county with th
provisions of all statutes relative to the proper and			
accept the obligations of my position as registered	l agent as provi	ded for in Chapter 6	505, F.S. Or, if this document is
being filed to merely reflect a change in the registe		ess, Thereby confiri	n that the limited liability
being filed to merely reflect a change in the registe company has been notified in writing of this chang		ess, I hereby confiri	n that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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11 amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	GABRIEL CASTRO	8200 W 33RD AVE STE 8	
		— ————————————————————————————————————	□Add
			Remove
			□Change
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	date of filing: the specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing	
locument's effective date on the D		
record specifies a delayed effectived is filed.	e date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
	2022	
JUNE 07		
JUNE 07 Dated		
Dated		
Dated		of a member