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## **COVER LETTER**

TO:

TO:	Registration Division of	n Section Corporations			
ere iez		y Partners Plus LLC			
SUBJEC	-I: <u></u> -	Name of Li	Name of Limited Liability Company		
The encl	osed Articles	s of Amendment and fee(s) are su	ibmitted for filing.		
Please re	etum all corre	espondence concerning this matte	er to the following:		
		Mark W. Harris			
			Name of Person		
		Property Partners Plus L	LC		
			Firm/Company		
		8707 Forrest Hills Blvd			
			Address	<del></del>	
		Coral Springs			
r 6 d			City/State and Zip Code  Vi Harris Tourist (to be used for future annual report neutrons)	Dameil. (cm	
Mark H		on concerning this matter, please	954 471-2323		
	Nat	me of Person	at () Area Code Daytime	Telephone Number	
Enclosed	l is a check f	or the following amount:			
<b>■ \$2</b> 5	.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Division of P.O. Box	on Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations $\pm$ 3  Allahassee Street, Suite 810 $\stackrel{\square}{\sim}$	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Property Partners Plus LLC

(Name of the Limited Liab (A Flori	ility Company as it now appears on our recordida Limited Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Florida document number <u>L21000088482</u>	Company were filed on 2/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:		r the name of the new registered
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	Torida Zip Code \( \text{Zip Code} \)
New Registered Agent's Signature, if changing Registe	·	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, a agent as provided for in Chapter 605 ered office address, I hereby confirm t	and I am familiatzwith and z , F.S. Or, if this document is
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Mark W. Harris	8707 ForrestHills Blvd	<b>=</b> Add
		Coral Springs, FL 33065	Remove
			□Change
		<del></del>	□ Add
			□Remove
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	<del></del>		□Add
			□Remove
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Vote: If the date inserted in	this block does not meet the ap	phicable statutory filin	g requirements, this	date will not be listed a
ocument's effective date or	the Department of State's reco	ords.		σ-
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				24
August 12 Dated	2021	/		
	14/	c/-		
	Signature of a mymber or	authorized representative	of a member	
	Signature of a infinite of	aumorized representative	or a memper	
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