## 121000124189

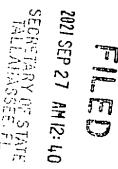
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| PICK-UP WAIT MAIL                        |
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| (Business Entity Name)                   |
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| Certified Copies Certificates of Status  |
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| Special Instructions to Filing Officer:  |
| Special instructions to Filling Officer. |
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Office Use Only



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09/27/21--01004--018 \*\*25.00



## **COVER LETTER** -

Registration Section

TO:

| Division of Co   | orporations                                  |   |   |
|--|--|---|---|
| PROPERT  | FY HOLDERS, LLC                              |   |   |
| SUBJECT:   | Name of Li                                   | mited Liability Company   | <u> </u>  |
|  |  |   |   |
| The enclosed Articles o                                  | f Amendment and fee(s) are su                | bmitted for filing.   |   |
| Please return all corresp                                | ondence concerning this matte                | r to the following:   |   |
|  | FREDDY BAEZ                                  |   |   |
|  | TROUGHT DATE.                                |   |   |
|  |  | Name of Person  |   |
|  | PROPERTY HOLDERS,                            | LLC   |   |
|  |  | Firm/Company  | <del></del>   |
|  | 8305 CANOSA PLACE                            |   |   |
|  |  | Address   | • • •   |
|  |  | Address   |   |
|  | TAMPA, FL 33615                              |   |   |
|  | ·  | City/State and Zip Code   |   |
|  | FREDDYB2411@HOTMA                            |   |   |
|  |  | to be used for future annual report no                                    | tification)   |
| For further information of                               | concerning this matter, please of            | all:  |   |
| FREDDY BAEZ  |  | 646 730-6225  |   |
| Name o   | t Person                                     | Area Code Daytii  | ne Telephone Number   |
| Inclosed is a check for the                              | oc following amount:                         |   |   |
| ■ \$25.00 Filing Fee                                     | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres Registration S Division of C P.O. Box 632 | Section<br>orporations                       | Street Address:<br>Registration So<br>Division of Co<br>The Centre of     | rporations  |
| Tallahassee, I   | FL 32314                                     |   | oe Street, Suite 810  |

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited                                   | Liability Compa<br>A Florida Limited I | ny as it now appears on our<br>liability Company) | records.)                             |
|--|--|---|---------------------------------------|
| The Articles of Organization for this Limited Lia      | bility Company                         | were filed on $\frac{3/16/2021}{}$                | and assigned                          |
| Florida document number L21000124189                   | <u> </u>                               |   |                                       |
| This amendment is submitted to amend the follow        | ving:                                  |   |                                       |
| A. If amending name, enter the new name of             | the limited liab                       | ility company here:                               |                                       |
| he new name must be distinguishable and contain the wo | rds "Limited Liabi                     | lity Company," the designatio                     | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica        | ble:                                   | 8305 CANOSA PLACE                                 | <u> </u>                              |
| Principal office address MUST BE A STREET              |  | TAMPA, FL 33615                                   |                                       |
|  |  |   | I SEP                                 |
| Enter new mailing address, if applicable:              |  |   | 帝 27                                  |
| (Mailing address MAY BE A POST OFFICE BOX)             |  |   | AM IZ                                 |
|  |  |   | STATE 9                               |
| B. If amending the registered agent and/or re          | gistered office                        | address on our records                            | * *                                   |
| agent and/or the new registered office address         | s nere:                                |   |                                       |
| Name of New Registered Agent:                          | FABIAN BAEZ-CALDERON                   |   |                                       |
| New Registered Office Address:                         | 8305 CANOS                             | A PLACE   |                                       |
| iven regimered griree radiess.                         |  | Enter Florida stree                               | et address                            |
|  | TAMPA                                  |   | Florida <u>33615</u>                  |
|  |  | 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.

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>      | Address                                 | Type of Action  |
|--------------|------------------|---|-----------------|
| MGR          | MARIBEL MARTINEZ | 8006 BEATY GROVE DRIVE, TAMPA, FL 33626 | o<br>□Add       |
|              |                  |   | = Remove        |
|              |                  |   | □Change         |
| MGR<br>———   | FREDDY BAEZ      | 8305 CANOSA PL, TAMPA, FL 33615         | 🗆 Add           |
|              |                  |   | □Remove         |
|              |                  |   | <b>=</b> Change |
|              |                  |   | □Add            |
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| ective date, if other than the date of filing:  (optional) reflective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua te:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no runnent's effective date on the Department of State's records.  From the specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th is filed. |                |
|---|----------------|
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| ed 9/9/2021   |                |
| Signature of a member or authorized representative of a member  |                |

Typed or printed name of signee