# 121000161464

(Requestor's Name)
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(City/State/Zip/Phone #)
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### **COVER LETTER**

Division of Cor	porations		
SUBJECT:	ERY PROPERT	Y INVESTMENT cod Liability Company	5 LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	BERNA	Name of Person	<u> </u>
		Firm/Company	
	2272	NAddress Ave	
	Mirama	FL 3302 Oity/State and Zip Code	9
		OM o be used for future annual report noti	
For further information e	oncerning this matter, please cal	11:	
Name o	CHERY f Person	at (305) 7.85 Area Code Daytim	7-5395 e Telephone Number
Enclosed is a check for tl	ne 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)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Emuted)	Florida Limited Liability Company)	<u>i.</u> )
The Articles of Organization for this Limited Liab Florida document number 2/90016	pility Company were filed on <u>54/19/</u> 5/464	202/ and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		<del>-</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or registered affice address l	istered office address on our records, <u>enter t</u> h <u>ere</u> :	he name of the new registered
Name of New Registered Agent:		) 13
New Registered Office Address:		Ē
	Enter Florida street address	62 )
	, Flo	rida
Now Domintoned Access Commence of the control of	•	-Zip Code + /
New Registered Agent's Signature, if changing Reg	- <del></del>	9 S
I hereby accept the appointment as registered a provisions of all statutes relative to the proper	igent and agree to act in this capacity. I furt and complete performance of my duties, and	ther agree to comply with the different lam 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	BERNADEAU CHER	Y 2272 SW 185th Ave	ŒAdd
		Miranar FL 33029	□ Remove
			□ Change
MGR	John Jahangani	2972 9W 180th Ave	□Add
		Miramar FL 33029	Remove
			□Change
MGR	Nina J. Cherry	9972 SW 180th Ave Milamar FL 3300	<b>j</b> ⊠∕Add
	V	Milamar FL 3300	29 □Remove
			□Change
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an effective [ote: If the	e date is liste e date inscr	ter than the ed, the date must reed in this blod date on the De	be specific an ock does not i	d cannot be p meet the ap	rior to date of olicable state	filing or more utory filing r	than 90 days a	<b>ptional)</b> fter filing.) Pu this date will	suant to 605,0207 not be listed as
record speris filed.	cifies a del	ayed effective	date, but no	t an effectiv	e time, at 12	2:01 a.m. on	the earlier of	: (b) The 90	th day after the
nted(	Octob	ser 2.	5	. 20%	21.				
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