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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

171 Proper	ties LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Maya R. Warrier		
	171 Properties LLC	Name of Person	
	······································	Firm/Company	
	2840 West Bay Drive, Ste.	135	
	Belleair Bluffs, Florida 337	Address 70	
	floridawarrierlle@gmail.com	City/State and Zip Code to be used for future annual report not	itication)
For further information	concerning this matter, please ca		,
Maya R. Warrier		502 216-3158	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the 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)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of The Centre	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

171 Properties LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 12, 2021 and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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>	<u>Address</u>	Type of Action
MGR	Jayasree Warrier	6639 Liberty Circle	
		West Chester, Ohio 45069	
			Remove
			□Change
MGR	Bala R. Warrier	2840 West Bay Drive, Stc. 135	
		Belleair Bluffs, Florida 33770	■ Add
			Remove
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effective date	if other than the is listed, the date mus	be specific and	cannot be prior	to date of filing	or more than 9	0 days after fil	ing.) Pursuant to 605.020
	e inserted in this blo ctive date on the Do				filing require	ments, this d	ate will not be listed a
cord specifie	s a delayed effective	date, but not	an effective ti	me, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day after the
filed.	•					. ,	-
ed <u>Ju</u>	ne 30		2021	 ·			
		Signature of a m	4				
		Signature of a n	nember or author	orized represen	tative of a mem	ber	

Filing Fee: \$25.00