L21000334514

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer.	
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Office Use Only



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2021 JUL 29 AH JO: 3

JUL 3 0 2021 I ALBRITTON FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:____

	(OFFICE USE ONLY)
Corporation Name & Document Number	
1. <u>IBERIC PROPERTY MANAGEMEN</u>	VT LLC - L21000334514
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of ARTICLES OF O	RGANIZATION
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit	_X_Amendment Resignation of R.A. Officer/Director
Limited LiabilityDomestication Other	Change of Registered AgentDissolution/Withdrawal
Other CORP	Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other
Country	

COVER LETTER

TO:	Registration Se Division of Cor			
	Iberic Prop	erty Management LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Maria A. Sklar		
			Name of Person	
		Sklar Law		
			Firm/Company	
		501 E. Las Olas Blvd, STF	£ 200/300	
		Fort Lauderdale, FL 33301	Address	
		maria@lawsklar.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Maria	Sklar Maria 8	klar	786 405-4212 . at ()	
	Name of	「Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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 Address:

TO:

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

	Management LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Compan	y were filed on July 22, 2021	and assigned
lorida document numberL21000334514		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
		<u>:</u>
he new name must be distinguishable and contain the words "Limited Liab	oility 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)		B
	•	
Inter new mailing address, if applicable:		9 1
Mailing address MAY BE A POST OFFICE BOX)		S = 5
		-1 6
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	address on our records, enter the na	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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	Tomas P. Ventura	1 <u>2955 BISCAYNE BLVD. SUITE 406</u> NORTH MIAMI, FL 33181	<u>B</u> X ìAdd
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ote. If the	te, if other that late is listed, the da date inserted in t effective date on	uns block does	i not meet tr	іе аррисави	late of filing o	r more than 90 ling requiren	(option days after fi nents, this c	i al) ling.) Pursua late will no	ant to 605.020 ot be listed a
ecord speci is filed.	ifies a delayed ef	ffective date, b	ut not an eff	fective time.	, at 12:01 a.r	n. on the earl	ier of: (b)	The 90th	day after the
ited	July 27		2	2021					
		Signature	of a membe	r or authorize	d representat	ve of a memb	er		
					•				1