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COVER LETTER

TO:	Registration Sect Division of Corp	tion orations		•
	Property Mai	nagement National LLC		•
SUBJ	IECT:	Name of Limited	Liability Company	
Property Management National LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following: Nomi Bear Name of Person Property Management National LLC Firm/Company 8297 Champions Gate Blvd 231 Address Champions Gate, Fl. 33896 Chy/State and Zip Code infoproperty management national @gmail.com B-mail address: to be used for future annual report notification) For further information concerning this matter, please call: Nomi Bear Name of Person 134 2880818 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$ \$25.00 Filing Fee \$\frac{1}{2}\$ \$30.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$ Certificate of Status \$\frac{1}{2}\$ Certificate of Status \$\frac{1}{2}\$ Certificate of Status \$\frac{1}{2}\$ Certified Copy (additional cupy is enclosed)				
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The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nomi Bear Name of Person Property Management National LLC Firm/Company 8297 Champions Gate Bivd 231 Address Champions Gate, FL 33896 City/State and Zip Code infopropertymanagementnational@gmail.com E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: Nomi Bear 434 2880818 Name of Person Parca Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certified Copy Certificate of Status & Certified Copy				
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		Property Management National LLC T: Name of Limited Liability Company Dised Articles of Amendment and fee(s) are submitted for filing. Turn all correspondence concerning this matter to the following: Name of Person Property Management National LLC Firm/Company 8297 Champions Gate Blvd 231 Address Champions Gate, FL 33896 City/State and Zip Code infopropertymanagementuational@gmail.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: sear 434 Name of Person Area Code Daytime Telephone Number di is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailba Address: Street Address:		
	Address Champions Gate, FL 33896			
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		infopropertymanagementnation	onal@gmail.com	ation)
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		Officer ming this matter, process out	434 2880818	
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=	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addre	<u>ss:</u>	Street Address: Registration Sect	ion

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

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

(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 1.21000350241	pany were filed on August 3, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		182
Enter new mailing address, if applicable:		777
(Mailing address MAY BE A POST OFFICE BOX)		
		1
B. If amending the registered agent and/or registered off	ice address on our records, enter the	
agent and/or the new registered office address here:		4 0
Name of New Registered Agent:		
New Registered Office Address:		
The Wind Country of the Changes of the Wind Country of the Country	Enter Florida street address	,
	, Florid	<u>.</u>
	Cin	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>	Name	<u>Address</u>	Type of Action
AMBR	Nomi Bear	8297 Champions Gate Blvd 231	□Add
		Champions Gate, FL 33896	□Remove
			■ Change
			□Add
			Remove
			□Change
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s filed. $A_1 = A_2 + A_3 + A_4 + $	
White Bear Signature of a member or authorized representative of a member	_
Mani Boar	