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COVER LETTER

TO: Registration S Division of Co		. •	• .	
	ROPERTIES L.L.C.		_	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	LOVETTE DOBSON			
	-	Name of Person		
		Firm/Company		
-	17350 STATE HWY 249,	#220		
		Address		
	HOUSTON, TX, 77064			
		City/State and Zip Code		
	E-mail address:	OM (to be used for future annual report n	otification)	
For further information	concerning this matter, please of		,	
LOVETTE DOBSON		888 462-3453		
Name	of Person	at () Area Code Dayt	ime Telephone Number	
Enclosed is a check for	-		□ 262 22 PW F	
≡ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr		Street Address:		
Registration	Section Corporations	_	Registration Section Division of Corporations	
P.O. Box 63	-		The Centre of Tallahassee	
Tallahassee,			roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 福10,1-1 M 7:02 **OF**

A.M.N PROPERTIES L.L.C.

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
ne Articles of Organization for this Limited Liability Company orida document number $\frac{L^{21000405208}}{L^{21000405208}}$.	y were filed on 09/13/2021 and assign
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	pility company here:
e new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
iter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records, enter the name of the new re
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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>	Address 251001 All 7:02	Type of Action
AMBR	Joshua Hernandez	3901 NW 79TH AVE, STE 245 #4963	□ Add
		MIAMI, FL 33166	Remove
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ffective date, if other than the d	ate of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
an effective date is listed, the date must boote: If the date inserted in this blococument's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not be listed as th
is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September, 27	2021 Rodugues ignature of a member

Typed or printed name of signce