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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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T. **MATTHEWS**JAN 25 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

| | | OPERTIES L.L.C. | |
|---|--|--|--|
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspo | ondence concerning this matter t | to the following: | |
| | LOVETTE DOBSON | | |
| | | Name of Person | |
| Firm/Company 17350 STATE HWY 249, #220 Address HOUSTON, TX, 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON I 888-462-3453 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25,00 Filing Fee Scertified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy Certificate of Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee | | | |
| | 17350 STATE HWY 249, | <u> </u> | |
| | HOUSTON, TX, 77064 | Address | |
| | TELL E 1224@INCELL E CO | · | |
| | | | fication) |
| For further information of | concerning this matter, please ca | all: | |
| | | 1 888-462-345 at () | 3 |
| Name | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registration Division of (| Section Corporations 27 | Registration Se Division of Co The Centre of T | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A.M.N PROPE | <u> </u> | | |
|--|---|--------------------------------|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our record: Liability Company) | <u>s.</u>) | |
| he Articles of Organization for this Limited Liability Company orida document number <u>L21000405208</u> | were filed on 09/13/2021 | and assigned | |
| nis amendment is submitted to amend the following: | | | |
| . If amending name, enter the new name of the limited liab | ility company here: | | |
| e new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC | " or the abbreviation "L.L.C." | |
| nter new principal offices address, if applicable: | 1150 Nw 72nd Ave Tower I St | e 455 #4963 | |
| Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33126 | | |
| nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX)</u> | 1150 Nw 72nd Ave Tower I St Miami, FL 33126 | e 455 #4963 | |
| . If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter</u> | the name of the new regist | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street addres | | |
| | , Fl | orida | |
| | 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 |
|--------------|------------------|--|----------------|
| AMBR | Yeslie Rodriguez | 1150 Nw 72nd Ave Tower I Ste 455 #4963 | □Add |
| | | Miami, FL 33126 | □Remove |
| | | | = Change |
| AMBR | Joshua Hernandez | 455 Mall Blvd Unit 71 | = Add |
| | | Savannah, GA 31406 | □Remove |
| | | | □Change |
| | | | □ Add |
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| men at the 16 Ab wall walls | | | (optional) | |
| Effective date, if other than the (If an effective date is listed, the date mu | est be specific and cannot be prior | to date of filing or more tha | n 90 days after filing.) Pursua | nt to 605.0207 |
| Note: If the date inserted in this b document's effective date on the E | dock does not meet the application | able statutory filing requ | irements, this date will no | t be listed as |
| document serieure date on the is | , op | | | |
| ne record specifies a delayed effection | ve date, but not an effective ti | me at 12:01 a.m. on the | earlier of: (b) The 90th (| day after the |
| ord is filed. | ve date, but not an effective in | | | Ž |
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| Dated | 2022 | | | |
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| | Pesle | e hodrig | uez_ | |
| | Signature of a mymber or author | orized representative of fr | ember | |
| | | | | |
| | Yeslie Ro | odriguez | | |