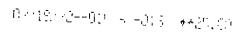
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22 FEE 19 FN 3: 49

T. MATTHEWS FEB 28 2022

COVER LETTER

то;	Registration Se Division of Cor			•	
CHD III		TAL PROPERTIES LLC			
SUBJEC		Name of Limi	ted Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Victor Exceus			
			Name of Person		
		LMV RENTAL PROPERT	TIES LLC		
			Firm/Company		
		7378 W Atlantic Blvd. Sui	te 145		
			Address		
		Margate, Florida 33063			
			City/State and Zip Code		
		shiltonent@gmail.com			
For furt	her information o	E-mail address: (concerning this matter, please co	to be used for future annual reportable:	nonneation)	
Victor 1	Exceus		561 502-609 at ()	7	
	Name (of Person	Area Code Da	ytime Telephone Number	
Enclose	d is a check for t	he following amount:			
≡ \$25	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 Addre		Street Addres Registration		
	Division of (Corporations	Division of	Corporations	
P.O. Box 6327			The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEE | 11 PM 3: 49

LMV RENTAL 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 Compa Florida document number 1.22000056823	ny were filed on <u>02/02/2?</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "I.L.	C" 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 offic agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:	Enter Florida street addre	ess
		Torida
	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>Tit</u> le	Name	Address	Type of Action
M AMBR	Betty Morneland	5050 NW 44th Ave.	
		Coconut Creek, FL 33073	■Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			bbbA⊡
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			Remove
			□Change

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If an effec <u>Note:</u> 1	re date, if other than the detive date is listed, the date must be fithe date inserted in this block ont's effective date on the Dep	se specific and cann ik does not meet t	the applicable s	of tiling or more the ratutory filing requ	(optional) in 90 days after filing.) direments, this date v	Pursuant to 605,0207 (3 will not be listed as th
e record rd is file	specifies a delayed effective d.	date, but not an e	ffective time, a	. 12:01 a.m. on the	earlier of: (b) The	90th day after the
F Dated _	February 14	20	122			
	_			///	-	
		rénature of a menti	ser or authorized	representative of a n	a-mber	
				epresentative of a fi		
	Bartosz Ostrzenski, autho					

Filing Fee: \$25.00