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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 11 Pr	operty Management LL	c	
Source:	· · · · · · · · · · · · · · · · · · ·	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Violetta Varenkova		
		Name of Person	
	11 Property Management I	LC	
		Firm/Company	
	1600 S Dixie Hwy	Suite 202	
		Address	2023 SEC
	Boca Raton, FL 33	3432	2023 SEP SECRETA
	violetta@iip-management.c	City/State and Zip Code	25 PM
	E-mail address: (to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	FL 30
Violetta Varenkova		216 3756604	
Name o	of Person	at (e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 Property Management LLC	Company as it now appears on our reco	reds)	
(A Florida Lin	Company as it now appears on our reco mited Liability Company)	irus.	
The Articles of Organization for this Limited Liability Com- Florida document number	npany were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	I.C" or the abbrev	
Enter new principal offices address, if applicable:		AL JAS	2023
(Principal office address MUST BE A STREET ADDRES	(9)	THE SE	SE GEN
Tracque office dudress most be A STREET ADDRES	<u> </u>	- 1 2-	N
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		0 € 10 ± 10 10 ± 10	PH
Enter new mailing address, if applicable:		- 5	<u>လု ာက်</u> မေ
(Mailing address MAY BE A POST OFFICE BOX)			_ <u>~~</u> _
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	er the name of	the new regi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addr	ress	
		Florida	
	City		ip 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

Title	Name	Address	Type of Action
MGR	Nerissa Spannos	1600 S Dixie Hwy, suite 202 Boca Raton FL 33432	
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Hective date, if other than the first effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	ne date of filing: First be specific and cannot be prior to date of fili- block does not meet the applicable statutor Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant ry filing requirements, this date will not b	to 605.020 be listed a
record specifies a delayed effect d is filed.	ive date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The 90th day	y after the
Sept 20th	2023		
Pated			
	Signature of a member or authorized represe		

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