L23000107001

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer	
_	Tec.	8/14/23

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			•
	OPERTIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANDRES F GARCIA		
		Name of Person	
	AFFO PROPERTIES LLO	•	
		Firm/Company	•
	12386 STATE ROAD 535	S SUITE 247	
		Address	
	ORLANDO, FL 32826		
		City/State and Zip Code	
	andresgarca22@gmail.com		
For further information c	n-mail address: (concerning this matter, please c	to be used for future annual report not all:	tification)
FRANCY ARIAS		407 6189957	
Name o	of Person	at () Area Code Daytir	ne Telenhone Number
		The state of the s	the reseption of the reservoir
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration 9		<u>Street Address:</u> Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFFO PROPERTIES LLC	2-11-12-12-22	
(Same of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	y)
he Articles of Organization for this Limited I		FEBRUARY 28, 2023 and assigned
orida document number L23000107001	······································	
nis amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name of	of the limited liability company	here:
FFO STUDIOS & ENTERTAINMENT LL	C	
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C,"
nter new principal offices address, if appli	cable:	ZOZB AUG
Principal office address MUST BE A STRE	ET ADDRESS)	E T
	 	AUG 14
nter new mailing address, if applicable:		
tailing address MAY BE A POST OFFICE	BOX)	02. 4
		10A
		r records, enter the name of the new registe
ent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	ANDRES F GARCIA	
New Registered Office Address:	12386 STATE ROAD 535, SU	JITE 247
regimenta office riditess.	Enter i	Florida street address
	ORLANDO	. Florida ³²⁸²⁶
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	OLGA A MANTILLA	12386 STATE ROAD 535, SUITE 247	□Add
		ORLANDO, FL 32826	\equiv \equiv Remove
			□Change
			□Add
			□Remove
			□ Change
			🗖 Add
			Remove
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			□Remove
			□Change

FREQUEST TO MAKE THE CI	HANGE IN ANY OTHER PRO	VISION: ANY BY LA	WS	
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tive date, if other than the da			_ (optional)	
Teetive date is listed, the date must be If the date inserted in this block	does not meet the applicable sta	of filing or more than 90 da atutory filing requireme	ays after filing.) Pursuant to nts, this date will not be	> 605. 2 liste
nent's effective date on the Depar	rtment of State's records.			
rd specifies a delayed effective da	the but put an affective time at	12:01 a.m. on the andia	er of the The Ooth day	a ft. ur
iled.	nc. out not an effective time, at	12.01 a.m. on the earne	1 01, (0) The 9001 day	atter
AUGUST 08	2023			
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A.	Whood I d)		
	nature of a member or authorized re	présentative et a member		

Filing Fee: \$25.00