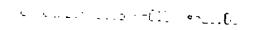
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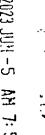
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CV 712512013

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	perty Management LLC		
	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:	
	William Snyder		
		Name of Person	
	Bilmar Property Managem	ent	
		Firm/Company	
	365 Stella Maris Dr N #29	03	
		Address	
	Naples, Fl 34114		
		City/State and Zip Code	
	biljosny@hotmail.com E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
William Snyder		239 919-2683	
Name o	f Person		ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Bilmar Property Management LLC

(Name of the Limited Liamity Compan (A Florida Limited Li	ability Company)	TO THE STATE OF TH
The Articles of Organization for this Limited Liability Company v	were filed on April 5, 2023	and assigned
Florida document number L23000168926		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	2
	, Fl	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent;	City	Zip Code
		at a todat
I hereby accept the appointment as registered agent and agre		rther agree to comply with the nd I am familiar with and

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Martha Snyder	365 Stella Maris Dr. N #2903	
		Naples, Fl 34114	Remove
			□ Change
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			☐ Change

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Filing Fee: \$25.00