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## COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	ect:	Name of Lim	New World Prop	erty Management	
		Amendment and fee(s) are sub	-		
Please i	return all correspo	ndence concerning this matter	to the following.		
		Ju	ılian Goldsmith		_
			Name of Person		
		<del></del> -	Firm/Company		-
		1361 D	ewey ct		
		<del></del>	Address		-
		Rock	ledge FL 32955		
	nev	vworldproper	tymanager	nent@gmail.c	23 APR 25
		E-mail address (	to be used for future annua	report notification)	PR 2
For furt	ther information co	oncerning this matter, please c	æll-		
Martha Goldsmith		at ( <b>321</b> _)	9176195		
	Name of	f Person	Area Code	Daytime Telephone Number	WHIS: Pr
Enclose	ed is a check for th	ne following amount:			
<b>⊠</b> \$2:	5 00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is er	Certifica nelosed) Certified	te of Status &
	Mailing Addres Registration S Division of C	Section	_	address: ration Section on of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

New World Pr	roperty Management
(Name of the Limited Liah	pility Company as it now appears on our records.) ida Limited Liability Company)
(A Fior	
The Articles of Organization for this Limited Liability	Company were filed on 4-12-2023 and assigned
Florida document number <u>L23000181913</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
New World Property Manageme	ent LLC
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Acceptance of the second secon
	- PER PE
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new registered
agent and/or the new registered office address here	:
Name of New Registered Agent:	7. 2.
New Registered Office Address:	Enter Florida street address
	Emer Pioriaa sireet daaress
	, Florida
	Cuy Zip Code
New Registered Agent's Signature, if changing Registe	red 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 Type of Action Address Title Name □Remove \_\_\_\_ Change □Remove \_\_\_\_\_ 🗀 Add ECREDAN EN PARTE DAdd \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_ □Remove

\_\_\_\_ □Change

If amending any other information, en	ver change(s) nere. [mach dia	amona ancela. y necessary	·
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			<u> 785</u> 23
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			S 2 2
Effective date, if other than the date of	: Glina	(optional)	ME 3
Hective date, if other than the date of fan effective date is listed, the date must be specified:    If the date inserted in this block does document's effective date on the Department of the	ific and cannot be prior to date of filing is not meet the applicable statutory.	or more than 90 days after filing.)	Pursuant to 605.0207 will not be lighted as
record specifies a delayed effective date, bd is filed.	ut not ameffective time, at 13.01 a	.m, on the earlier of; (b) The	: 90th day after the
Dated April 25 2023	111		
Constur	Aartha Goldsmit		

Filing Fee: \$25.00