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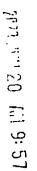
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06/20/28--01982--010 **25.00



COVER LETTER

	gistration Sec vision of Corp			
CUBICT		OPERTY LLC		
SUBJECT	·	Name of Lim	ited Liability Company	_
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		JOHN MILLER		
			Name of Person	
		JOHN P MILLER CPA PA	A	
			Firm/Company	
		2499 GLADES RD STE 36	04	
			Address	
		BOCA RATON FL 33431		_
			City/State and Zip Code	7603 July 20
		john@johnpmillercpa.com		_ · G
			to be used for future annual report notification)	20
For further	information co	oncerning this matter, please ca	all:	
JOHN P M	ILLER		561 368-9777 at ()	عِ بِنِ
	Name of	Person	Area Code Daytime Telephone Nu	mber 1731 S
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy Certified Copy Certified Copy is enclosed)	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Re D P.	ailing Address egistration S ivision of Co O. Box 632' allahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CANDY PROPERTY LLC		
(Name of the Lim	ited Liability Company as it now appez (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited in Florida document number L23000280546	Liability Company were filed on 00000000000000000000000000000000000	5/09/2023 and assigned	
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		· ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
Enter new mailing address, if applicable:		20	
(Mailing address MAY BE A POST OFFICE	<u></u>	<u> </u>	
		<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	Q	· 📶 🛶	
Name of New Registered Agent:	JANINA PIWOROWICZ		
New Registered Office Address:	4295 S LANDAR DRIVE		
	Enter Fle	orida street address	
	LAKE WORTH	Florida 33463-8916	
	City	Zin 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 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	DANINA PIWOROWICZ	4295 S LANDAR DRIVE	□Add
		LAKE WORTH, FL 33463-8916	=Remove
AMBR	JANINA PIWOROWICZ	4295 S LANDAR DRIVE	= Add
		LAKE WORTH, FL 33463-8916	□Remove

			🗆 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change (
			□Add
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			□ Change

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Effective date, if other than the date of filing: Go/14/2023							
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