

(((H230002493043)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

3052201440

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **G DYNASTY PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Rectronic Filing Menu Corporate Filing Menu

Help

JUL 18 2023 T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION;

G DYNASTY PROPERTIES LLC						
(<u>Name of the Limited Liat</u> (A Flor	pility Company a rida Limited Liabi	s it now appears on our recor lity Company)	dş.)			
The Articles of Organization for this Limited Liability						
Florida document number L23000322748		e med on		_ and as	ssigne	d
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the liv	mited liability	company here:				
The new name must be distinguishable and contain the words "Li	,					
Enter new principal offices address, if applicable:	imited Liability C					
Principal office address MUST BE A STREET ADD	RESS)					
						—
	·					_
Inter new mailing address, if applicable:	e .	·				
Mailing address MAY BE A POST OFFICE BOX)						
	·					_
. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office addre	ss on our records, <u>enter</u>	the rame of	the nev	v:Tepi	stere
					==	
Name of New Registered Agent:	·				17	- -
New Registered Office Address:	· ·				PH	<u> </u>
		Enter Florida street address		~, →		
			rida	<u>.</u>	կ2	
	C	ity'		in 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

<u>Title</u>	Name	Address	Type of Action
AMBR	JAQUELINE DEL SOCORRO	18331 PINES BLVD #167	□Add
		PEMBROKE PINES, FL 33029	
			□Change
AMBR	Jaqueline del Socomo Angel Patino	18331 PINES BLVD #167	B Add
		PEMBROKE PINES, FL 33029	
			
			□Add
			Remove
	·		□Change
		<u> </u>	Remove
			□Change
		·	
			□Remove
			Change
			□Add
		 	□Remove
			[] Change

	· · · · · · · · · · · · · · · · · · ·	<u> </u>
· · · · · · · · · · · · · · · · · · ·	<u></u>	
	·	
	:	
<u></u>		
		
ffective date, if other tha	n the date of filing:	(optional)
ote: If the date inserted in t	te must be specific and camot be prior to date of fit his block does not meet the applicable statuto the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605.020 bry filing requirements, this date will not be listed a
record specifies a delayed el is filed.	Tective date, but not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th day after the
	2023	•
JULY 17		
AIEĠ	W 0/2	

Filing Fee: \$25.00