11/17/23, 11:32 AM

Division of Corporations

# Florida Department of State Divisiontel Comperat

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 : (888)453-0509 Fax Number

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEWMAN FAMILY PROPERTIES LLC

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#### **COVER LETTER**

TO:	Registration So Division of Cor	ection porations		
erm n		FAMILY PROPERTIES LLC		
acaua	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		ED KOTLER	-	
			Name of Person	
		TAX ZONE INC		
		The state of the s	Firm/Company	
		8365 COMODITY CIR STE 4		
	Addicss			
	ORLANDO, FL 32819			
		ACCOUNTANT@TAXZO	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	eation)
For fun	her information c	oncerning this matter, please c	all:	
ED KO	TLER		407 888-3131 at (	
	Name o	f Person	Area Code Daytime	Pelephone Number
Enclose	ed is a check for th	e following amount:		
□ S25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# NEWMAN FAMILY PROPERTIES LLC

(Name of the Limited	Liability Compar	iy as it now appears on our records.) sability Company)	
The Articles of Organization for this Limited Liab Florida document number L23000511072  This amendment is submitted to amend the follow  A. If amending name, enter the new name of the submitted to a s	oility Company v	were filed on 11/10/2023	and assigned File 7
NEWMAN FAMILY PROPERTIES GROUP LLC	ire ininteer maps.	my company were.	÷.
The new name must be distinguishable and contain the wor	de "Limited Liabili	by Company "the decimation "I 1 C" at 1	he abhreviation "L. C."
Enter new principal offices address, if applicable of the address MUST BE A STREET	ole:	438 SE 12th Ct Fort Lauderdale	
Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BE	<u>2X)</u>	438 SE 12th Ct Fort Lauderdale,	FL 33316
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	438	SE 12 <sup>th</sup> C+  Enter Florida street address	
	Fort Lo	auderdale Florida	33316 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Change

From: Tax Zone

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 Name <u>Address</u> Type of Action 438 SE 12th Ct DAdd William Newman AMBR Fort Lauderdale, FL 33316 DRemove \_\_\_\_\_ ⊠Change \_\_\_\_\_\_□AbA Remove \_\_\_\_\_ Change □ Remove \_\_\_\_\_\_ □Remove \_\_\_\_\_Change \_\_\_\_ □Add \_\_\_\_\_ □Remove

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(If an elle Note:	ve date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
he record ord is fik	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated_	Nov 17 2023.
	Signature of a member or authorized representative of a member
	Signature of a themself of authorized/representative of a themself