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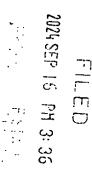
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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
(3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	SMENT PROPERTY ON FLO	ORIDA LLC			
SUBJECT:	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:			
	LUIS A. MORENO GARC	ZIA			
	1	Name of Person			
	ALL INVESTMENT PRO	PERTY ON FLORIDA LLC			
	-	Firm/Company			
	5965 REDBERRY LN				
	· · · · · · · · · · · · · · · · · · ·	Address			
	JACKSONVILLE FL 322	11			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report r	otification)		
For further information c	oncerning this matter, please ca	all:			
LUIS A. MORENO GARCIA		904 251-9895 at ()			
Name o	f Person	Area Code Day	time Telephone Number		
Enclosed is a check for the	he following amount:				
✓ \$25.00 Filing Fee	S30.00 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 Registration 5		Street Address: Registration			
Division of C	Corporations	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ALL INVESTMENT PROPERTY ON FLORIDA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/06/2024}{2000}$ Florida document number <u>L24000211833</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered 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: New Registered Office Address: Enter Florida street address _, Florida _ City

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
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			Remove
			□Change
			□Add
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fective date, if other that n effective date is listed, the date: If the date inserted in temment's effective date on	ate must be specific and this block does not r	d cannot be prior to meet the applicab	date of filing or mor	(option e than 90 days after f requirements, this	iling.) Pursuant to 60:	5.0207 ted as
ecord specifies a delayed el is filed.	ffective date, but not	t an effective tim	ie, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	er the
ted <u>09-11-</u>	2024	<u></u>	_·			
	Y 1/					
	Signature of a	hember or authori	zed representative o	f a member		

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Filing Fee: \$25.00