## L24000406190

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 137 Properties LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tereva R. Williams Name of Person
1127 Properties LLC Firm/Company
120 S. Massachusetts Nenue
De Land, FL 32724 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tereura & Williams / Fric Shipman at (HOT) 400 - 0474  Name of Person / Fric Shipman at (HOT) 400 - 0474  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Moiling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1117 0 01100 110		Lour records 2021 on
1127 Properties LC (Name of the Limited Liability (A Florida Li	Company as it now appears or	our records.) 2024 OCT _ ,
(A Fiorida Li	imited Liability Company)	bbi. PH 9: 02
The Articles of Organization for this Limited Liability Con	npany were filed on <u>Sec</u>	ptember 17 TAIGHT and assigned
Florida document number <u>L2400040690</u> .		MOSEE, FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida s	trect address
	City	, Florida Zip Code
	City	гар Сние

## 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
MGR	Tereva R. Williams	120 S. Massachisetts Are	MAdd
		DeLand, FL 32724	□Remove
			□Change
MGR	Eric M. Shipman	120 S. Mussachusetts Ave	DAAdd
	DeLand, FL 32724	□Remove	
			□Change
			🗆 Add
			□Remove
		<del></del>	□Change
		□Add	
			Remove
		<del></del>	□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an offe <u>Note:</u>	ve date, if other than the date of filing:
the record cord is file	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 ed.
Dated_	September 25th, 2024.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee