L24000411657

(Requestor's Name)
(Address)
(Address)
(,
(6), (6), (7), (6)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooking Notice)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400435222554

10/07/24--01024--004 *+25.00

2024 OCT - 7 PH 2: 36

XX.

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

	OPERTY ENTERPRISES LLC	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	SAUL VELEZ	
	Name of Person	
	TS SERVICES INC	
		Firm/Company
	3501 W VINE ST STE 31	6
		Address
	KISSIMMEE FL 34741	
		City/State and Zip Code
	bandpconsultants@yahoo.c	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notification) Parall: at (407 846-1040
SAUL VELEZ		eall: CT - CT
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	3: 35 3: 36
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Section Division of Corporations The Contre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & M FROI ERT I ENTERFRISES LEC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Eiability Company)	
•	y were filed on 09/20/2024	and assigned
A. If amending name, enter the new name of the limited liability company here:		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: S & M PROPERTY ENTERPRISES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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:		
S & M PROPERTY ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		207
(Mailing address MAY BE A POST OFFICE BOX)		
		-1 -472
R If amending the registered agent and/or registered office	address on our records enter the na	me of the new registered
	address on our records, enter the ha	J
		<u>-</u>
		()-(o
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	riorina	

New Registered Agent's Signature, if changing Registered Agent:

F. S. ACODONOCOTY ENTERDRICES LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ CTange □ CTdd □ Feemove □ Feemove
			→ Add - D - Remove
			こと 上 日野ange
			□Add
			□Remove
			□Change
<u>_</u>			DAdđ
			□Remove
			□Change

. If amending any other information, enter change(s) l		. ,	- /	
			_	
				
				
			2024 OCT	
			OCT	7
			F-7	, 22
			7, 7	ال جعد
			五子 · · · · · · · · · · · · · · · · · · ·	V ===
	 -		36 	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be partial. If the date inserted in this block does not meet the approximent's effective date on the Department of State's recomment.	prior to date of filing or more oplicable statutory filing i	(optiona e than 90 days after fili requirements, this da	ng.) Pursuant to 605.0	207 (3) I as the
the record specifies a delayed effective date, but not an effecti- cord is filed.	ve time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after t	the
Dated OCTOBER				
donature of a member of	authorized representative of	fa member		
· /	annon a contention (1)	. a memor		
HAROLD SALINAS	printed name of signee			

Filing Fee: \$25.00