Division of Corporations Electronic Filing Cover Sheet

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(((H170002190523)))



H170002190523ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

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Dhone

: (305)416-6800

Fax Number

: (305)416-6811

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

 4	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEMORY LANE COTTAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETAR STATES

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	gistrution Sec vision of Corp			•
SUBJECT:	Memory Lar	ne Contage, LLC		
SUBSECT.		Name of Limit	ed Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	n all correspo	ndence concerning this matter t	o the following:	
		Diane M. Hernandez		
			Name of Person	
		Adams Gallinar, P.A.		
			Finn/Company	
		1000 Brickell Avenue, Suit	e 300	
			Address	
		Miami, Florida 33131		
			City/State and Zip Code	
		dhernandez@agilaw.com		
		E-mail address; (t	o be used for future annual report notifica	ition)
For further	information c	oncerning this matter, please ca	11:	
Dianc M. H	lernandez		305 416-6800 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ST...EET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassce, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEMORY LANE CO	•					_	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appea lity Company)	rs on ou	records.)			_	
The Articles of Organization for this Limited Liability Company we. Florida document number <u>L120000161063</u>	re filed on 12	2/27/201	2	<u>.</u>	and	l assign	ned
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability	company h	iere:					
The new name must be distinguishable and contain the words "Limited Liability C	Company," the	designation	on "LLC" o	or the abb	reviatio	n "L.L.C	
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)				<u></u>	·	<u></u>	
					- 	<u> </u>	٠. ز
Enter new mailing address, if applicable:					12.5.5.4 1.7.5.4.4	G 1.7	3 Jena pa dyan 1
(Mailing address MAY BE A POST OFFICE BOX)			·, · · · · · · · · · · · · · · ·		<u> </u>	22	111
(Maining address MAT BE A POST OF TICE BOA)						#: H-9	Name:
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address o	n our i	records,	enter_t	he na	_	the new
	33.1						•
Name of New Registered Agent:	· · · · · · · ·		· 				
New Registered Office Address:							
	Enter Flo	orida sir e i	t address		,		
			, Flor	ida			
	City				Zip C	ode	
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

Page 1 of 3

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
MGR	Patricia Greenberg	999 Ponce De Leon Blvd.	□ Add
		Suite 950	■ Remove
	•	Coral Gables, FL 33134	☐ Change
MGR	Ezra Katz	2665 South Bayshore Drive	
		Penthouse 2A	
		Miami, FL 37/33	Change
MGR	Olie B. McCoin	999 Ponce De Leon Blvd.	5
		Suite 950	■ Remove
		Coral Gables, FL 33134	T (1)
иGR	O.B. McCoin Revocable Trust	999 Ponce De Leon Bivd.	■ Add
		Suite 950	Remove
		Coral Gables, FL 33134	Change Co
MGR	Ezra Katz 2006 Revocable Trust	2665 South Bayshore Drive	SSE Add
		Penthouse 2A	Remove
		Miami, FL 剂133	□ Change
			🗅 Add
			□ Remov e
			Change

ØB,	/17/20	17	12:15	3054166811	ADAMS GALLINAR PA	PAGE 05/09 7000219052 3)))
D.	If ame	ndin	g any othe	er information, enter c	change(s) here: (Attach additional sheets, if necessary.)	1000217032 3777
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E.	(If an eff Note:	lf the	date is listed, date insert	er than the date of filing, the date must be specific and ed in this block does not ate on the Department of	nd cannot be prior to date of filing or more than 90 days after filing.) Purs meet the applicable statutory filing requirements, this date will r	annum 605.0207 (3)(b) of be listed as the
If (b)	the red) The	ord 90t/	specifies n day afte	a delayed effective or the record is filed.	date, but not an effective time, at 12:01 a.m. on the	ne earlier of:
	Dated	Augu	131	Signature of a	2017 ., member or authorized representative of a member	
		P	utricia Gree	enberg, Authorized Repre	esentative	
		-		· · ·	Typed or printed name of signee	

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Filing Fee: \$25.00