

Division of Corporations

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L13000154217

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAW OFFICES OF OATES & OATES, P.A.
Account Number : 120020000104
Phone : (954) 942-6500
Fax Number : (954) 942-8730

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
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ANTONJORD@AOL.COM

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1024 NE 43 COURT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: 1024 NE 43 COURT, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and Jcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTON JORO

Name of Person

Firm/Company

2021 NW 29 ST

Address

OAKLAND PARK, FL 33311

City/State and Zip Code

ANTONJORO@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTON JORO

Name of Person

954 485-4821

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 NOV -8 AM @ 13
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H130002485533

1024 NE 43 COURT, 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 11/1/2013 and assigned Florida document number L13000154217

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 end with the words "Limited Liability Company," the designation "L.L.C." 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:

(Mailing address MAY BE A POST OFFICE BOX)

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11 NOV -8 AM 8:13
SECRETARY OF STATE
ALLAPOOSE

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

City, Florida

City

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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR - Manager
MGRM - Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANTON JORO	2021 NW 29 ST	<input checked="" type="checkbox"/> Add
		OAKLAND PARK, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

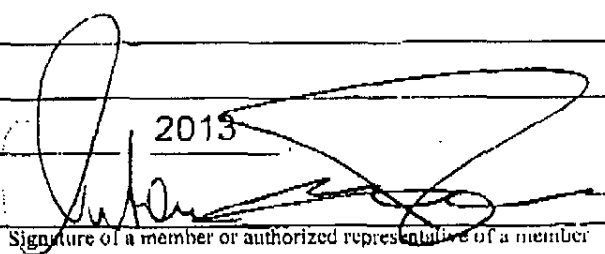
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated **NOVEMBER 7** 2015



Signature of a member or authorized representative of a member

ANTON JORO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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