Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 36 CINNAMON BARK, LLC

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Corporate Filing Menu

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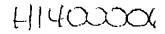
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COVER LETTER



TÓ:

Registration Section Division of Corporations

SUBJECT: 36 CINNAMON BARK, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

LEONARDO F. BRITO, ESQ.

FLORIDA LAW TITLE & TRUST PLC

Firm/Company

1548 BRICKELL AVENUE, SUITE 100

MIAMI, FL 33129

City/State and Zip Code

LBRITO@BRITOLAWGROUP.COM

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

For further information concerning this matter, please call:

LEONARDO BRITO

Name of Person

at (305) 322-4097

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

E \$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

FILED

2014 MAR 21 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- ·	נות
SECRETARY (JF S
ALLAHASSEE	I, FL

30 CINNAMON BARK, LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) united Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L13000173475</u>	impany were filed on 12/17/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
45 CINNAMON BARK, LLC	
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the same of
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street addr es s
	, Florida
	City Zip Code
New Registered Agent's Signature, if thenging Backgarad	Agunts

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply u provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documer 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 I of 3

If amending the Managers or Anthorizad Member on our records, enter the title, name, and address of each Manage. Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Tttle <u>Name</u> <u>Address</u> Type of Action __ 🗆 🗛dd _____ □ Remove _ 🗆 Add _□ Remove __ 🗆 Add ____ 🗀 Remove _ 🗆 Add _□ Romove ____ Add □ Remove _□ Add _____ 🗆 Реглоус

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D.	l'amending any other information, enter	r change(s) here: (Attack additional cheets, if nacessary j	·
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	; :		
E.	Effective date, if other than the date of the The effective date smarks specific, cannot be prior to the date this forequest is first by the Florida Organia	to date of receipt or filed date and support he name date 90 days after	
	Dated MARCH 20	2014	
	Signature of	SURO GARAVILLA	
		. Typed ov priesed name of signor	

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