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1:0V 1 8 2014 T. **HAMPTON**

COVER LETTER

UBJECT:	Carlstadt	Holdings, LLC		
OBJEC1:		Name of Lin	ited Liability Company	4
he enclosed	Anicles of 7	Amendment and fee(s) are sub	mitted for filing.	
case return	ail correspon	ndence concerning this matter	to the following:	
		Wendy A. Beck		
			Name of Person	1
		Carlstadt Holdings,	LLC.	
	•	· ************************************	Firm/Company	
		360 Casuarina Con	course	
			Address	,
··. ·		Coral Gables, FL 3	3143	
			City/State and Zip Code	
		jane.lytle@apsexpre		<u> </u>
		E-mail address; (to be used for future annual report notifi	ication)
or further in	iformation co	ncerning this matter, please o	alf:	
ane Lytic	3		305 677-8240	
	Name]of	Person	Area Code Daytime	Telephone Number
			,	
nclosed is a	check for th	e following amount:		
\$25.00 F	iling 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 of Certified Copy (additional copy is enclose

MAILING ADDRESS:
Registration Section
Division of Comparations Registration Section
Division of Comparation
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caristadt Holdings, LLC		
(Name of the Limited Linb) (A Florid	Hry Company as it now appears on our records.) da Limited Liability Company)	SF.E. PR
The Articles of Organization for this Limited Liability	Company were filed on October 16, 2014	ang Ksigner C
Florida document number L14000161898	······································	ATE ARIDA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
20th Street Holdings, LLC		
The new name must be distinguishable and end with the words "I	limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street åddress	
an and the	Florida	
	City	Zip Gode

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

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager	<u>or</u>
Authorized Member being added or removed from our records:	

<u>Title</u>	Name	Address	Type of Action
			Add
•			☐ Remove
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			□ Add
			□ Remove
		Production or supply and the state of the st	
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	·	
Effective date, if other than the da The effective date must be specific, cannot be the date this document is filed by the Florid	e prior to date of receipt or filed date and ca	(optional) nnot be more than 90 days after
November 7	2014	
Wendy Beck	<u>(</u>	
Wendy Beck	mature of a member or authorized represen	tative of a member

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Filing Fee: \$25.00

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