

216 0000 40070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

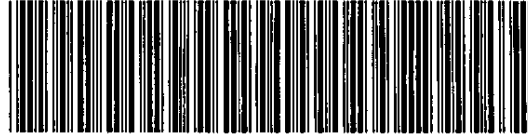
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100287086821

06/20/16--01043--008 \*\*25.00

FILED  
16 JUN 20 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 21 2016

Y SULKER

**SPOTTSWOOD, SPOTTSWOOD AND SPOTTSWOOD, PLLC**

ATTORNEYS AND COUNSELORS AT LAW  
500 FLEMING STREET  
KEY WEST, FLORIDA 33040

JOHN M. SPOTTSWOOD, JR.  
WILLIAM B. SPOTTSWOOD  
ERICA H. STERLING  
CRISTINA L. SPOTTSWOOD  
WILLIAM B. SPOTTSWOOD, JR.  
RICHARD J. McCHESNEY

Telephone | 305-294-9556  
Facsimile | 305-504-2696

OF COUNSEL:

JOHN M. SPOTTSWOOD (1920 – 1975)  
ROBERT A. SPOTTSWOOD (of Counsel)

June 10, 2016

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Amendment to Articles of Organization  
1110 Elgin Lane, LLC  
Document No.  
File No. 369-16.00127 RD2

To Whom It May Concern:

Enclosed in the original, please find Cover Letter and the Articles of Amendment to Articles of Organization together with our check in the amount of \$25.00 relative to the above referenced matter. Kindly file these documents in the typical manner.

Should you have any questions in this regard, I trust that you will contact me personally.  
Thank you.

Sincerely,



Richard J. McChesney

RJM/ drc  
Enclosures



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

1110 Elgin Lane 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 02/26/16 and assigned Florida document number L1600040070.

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 contain the words "Limited 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 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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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 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

RECEIVED  
16 JUN 2016  
PM 4:49  
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Helen West	1912 Biltmore St. NW	<input checked="" type="checkbox"/> Add
		Washington, DC 20009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carl Frank	1912 Biltmore St. NW	<input checked="" type="checkbox"/> Add
		Washington, DC 20009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 16 JUN 20 4 49 PM  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

18 JUN 20 PM 4:49  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated May 12, 2016

Richard McChesney  
Signature of a member or authorized representative of a member

Richard McChesney  
Typed or printed name of signee