L16000 133557

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COVER LETTER

	on Section I Corporations
2302 SUBJECT:	Johnson LLC
	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please returπ all co	rrespondence concerning this matter to the following:
	Jim Taubenfeld
	Name of Person
	2302 Johnson LLC
	Firm/Company
	PO Box 2399
	Address
	Toa Baja PR 00951
•	City/State and Zip Code
	jtaubenfeld@admincomp.com E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Jim Taubenfeld	at () 626-9052
N	lame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
≘ \$25.00 Filing F	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2302 Johnson 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 $\frac{07/15/16}{}$ and assigned Florida document number L16000133557 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 "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) 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

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

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>	Address	Type of Action
MGR	Mark Shub	PO Box 472 Miami FL 33101	■ Add
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	st be specific and cannot be prior to clock does not meet the applicable	(optional date of filing or more than 90 days after estatutory filing requirements, this	filing.) Pursuant to 605	5.0207 (3) ted as the
If the record specifies a delaye (b) The 90th day after the rec		n effective time, at 12:01 a	a.m. on the earli	er of:
Dated May 8th	2018			
		<u>.</u> 4//		
	Signature of a member or authorize			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00