117000067235

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 16 2018

COVER LETTER

	gistration Section of Corp			
SUBJECT:	2124 Garfie	eld LLC		
SOBSECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	ndence concerning this matter	to the following:	
		Jim Taubenfeld		
			Name of Person	
		2124 Garfield LLC		
			Firm/Company	
		PO Box 2399		
			Address	
		Toa Baja PR 00951		
		jtaubenfeld@admincomp.co	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Jim Taubeni	feld		787 626-9052 at () Area Code Daytime	
	Name of	`Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2124 Garfield LLC		
(<u>Name of the Limited Liab</u> (A Flor	vility Company as it now appears on our red ida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 3/24/17	and assigned
Florida document number L17000067235	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	18 Visi
(Principal office address MUST BE A STREET ADD	DRESS)	D ONE
		
,		DAPO OR PO
Enter new mailing address, if applicable:	***************************************	STATE
(Mailing address MAY BE A POST OFFICE BOX)		* <u>5</u>
B. If amending the registered agent and/or reg	gistered office address on our reco	ords, enter the name of the ne
registered agent and/or the new registered office ac	<u>ldress here:</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	гір Соде

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>	Name	Address	Type of Action
MGR	Mark Shub	PO Box 472 Miami FL 33101	■ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
.——			☐ Add
		 	□ Remove
			Change
			Add
		□ Remove	
			Change
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			□ Add
			Remove
			☐ Change

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ated May 8th , 2018	The 90th day after the record is	tive date, but n filed.	ot an effe	ctive time,	at 12:01 a.m	, on the earli	ier (
	May 8th	, 2018		Z _//			
Signature of a member or authorized representative of a member					mhar		

Page 3 of 3

Filing Fee: \$25.00