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AUG 0 4 2018 S. YOUNG TALL BUL 30 AN II: 2

COVER LETTER

TO:

	ration Secon of Corp				
SUBJECT:	301_M	andalay Avenue 701 Name of Lim	LLC ited Liability Company		
The enclosed A	rticles of A	smendment and fee(s) are sub	mitted for filing.		
Płease return al	l correspon	idence concerning this matter	to the following:		
		David E. Platte,	_ 		
			Name of Person		
		Trask Daigneault	, LLP		
			Firm/Company		56 5
			Address		JUL 30
		Clearwater, FL 3	2757		1 c
	TEST T				
		David@cityattorn			AN II: 2
	.•		to be used for future annual repo	ort notification)	3+' -
For further info	rmation co	ncerning this matter, please ca	all:		
Dawn Pier	rce		at ()	3-0494 Ext. 108	
	Name of	Person	Area Code [Daytime Telephone Number	
Enclosed is a ch	heck for the	e following amount:			
\$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	te of Status &
	Registra	NG ADDRESS: tion Section of Corporations x 6327	STREET/Co Registration Division of C Clifton Build	Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

301 Mandalay Av				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned		
Florida document number <u>L18000167884</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Mardin 501 Mandalay, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u>⊁</u> % ∞		
		30		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		ds, <u>enter the name of the nev</u>		
New Registered Office Address:	Enter Florida street addre	ess		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605	ind I am familiar with and , F.S. Or, if this document is		
If Cha	nging Registered Agent, <u>Signature</u>	of New Registered Agent		

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Address Type of Action Name <u>Title</u> □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change _□ Remove 8 _□ Change _□ Add _□ Remove ☐ Change _ Add ☐ Remove

☐ Change

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Effective date,	if other than the da is listed, the date must b	ite of filing:		<u> </u>	(optional)	
(If an effective date Note: If the dat	is listed, the date must be inserted in this bloc	e specific and canno k does not meet ti	ot be prior to date o he applicable stat	f filing or more than utory filing requir	90 days after filin ements, this dat	g.) Pursuant to (e will not be l	605.020 listed a
	ctive date on the Dep						
	ecifies a delayed e		but not an ef	fective time, a	t 12:01 a.m.	on the ea	rlier d
) The 90th da	ay after the recor	d is filed.					
_							
Dated July	26	→ · –	2018				
	//. // <	= 100	5-				
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Filing Fee: \$25.00