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Registration Section

Tallahassee, FL 32314

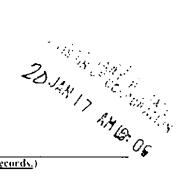
TO:

20 JAN 17 AM 10:05 Division of Corporations 1125 NW 71 HOLDINGS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL BERNSTEIN Name of Person THE BERNSTEIN LAW FIRM Firm/Company 3050 BISCAYNE BOULEVARD, SUITE #403 Address MIAMI, FL 33136 City/State and Zip Code MICHAEL@BERNSTEIN-LAWFIRM.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; Michael Bernstein 672-9544 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



1125 NW 71 HOLDINGS 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 August 17	, 2018 and assigned	
Florida document number L18000197419			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	on "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 a agent and/or the new registered office address here:	ddress on our records.	enter the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	c ny	zip Code	
Thereby accept the appointment as registered agent and agree	ea to ant in this name	no I fanchan arrega ta aannah said da	

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
AMBR	MICHAEL ATHEA	1521 LENOX AVENUE #201	dd
		MIAMI BEACH, FL 33139	□Remove
			Schange
AMBR	JULIEN BARTOLINI	515 NW 125 TH STREET	\dd
		NORTH MIAMI, FL 33168	
			Change
			□ Add
			□ Remove
			□Change
	<u></u>		□Add
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			Remove
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ective date, if other than the	date of filing:		(optional)
effective date is fisted, the date mus	t be specific and cannot be prior t	o date of filing or more than '	O days after filing.) Pursuant to 605.020 cments, this date will not be listed a
ument's effective date on the De			
record specifies a delayed he 90th day after the reco		an effective time, a	t 12:01 a.m. on the earlier
NOVEMBER 25	2019		
α	+	rized representative of a mer	

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Typed or printed name of signee

Filing Fee: \$25.00