

LI9000029057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

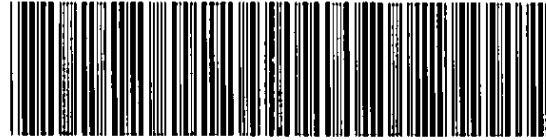
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FALL ARMS SQUARE, 10th FLOOR

2020 MAR -6 AM 7:08

FILED

MAR 25 2020

S. YOUNG



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

111 E FLAGLER 702, 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 01/28/2019 and assigned  
Florida document number L19000029057.

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: VERONICA DE MARZI

New Registered Office Address: 11111 BISCAYNE BLVD APT PHA  
*Enter Florida street address*

NORTH MIAMI, Florida 33181  
*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

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CLERK OF STATE  
OFFICE OF CORPORATIONS  
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          | GRACIELA E STEZOVSKY | 11111 BISCAYNE BLVD APT PHA | <input type="checkbox"/> Add               |
|              |                      | NORTH MIAMI, FL 33181       | <input checked="" type="checkbox"/> Remove |
|              |                      |                             | <input type="checkbox"/> Change            |
| MGR          | VERONICA DE MARZI    | 11111 BISCAYNE BLVD APT PHA | <input checked="" type="checkbox"/> Add    |
|              |                      | NORTH MIAMI, FL 33181       | <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            |

