

L20000117869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

512 Catherine Street LLC

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature

Requested by: Seth

Name Date Time

Walk-In _____ Will Pick Up _____

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

512 CATHERINE STREET, 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 05/04/2020 and assigned Florida document number L20000117869.

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)

512 CATHERINE STREET

KEY WEST, FL 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 500

MANALAPAN, NJ 07726

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CLERK OF STATE
TALLAHASSEE, FL

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:

GREGORY S. OROPEZA

New Registered Office Address:

221 SIMONTON STREET

Enter Florida street address

KEY WEST

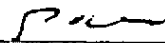
City

Florida 33040

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

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>
AMBR	BRUCE MINEROFF	P.O. BOX 500	<input checked="" type="checkbox"/> Add
		MANALAPAN, NJ 07726	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHARON MINEROFF	P.O. BOX 500	<input checked="" type="checkbox"/> Add
		MANALAPAN, NJ 07726	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEVEN CHU	102 LAKE DRIVE	<input checked="" type="checkbox"/> Add
		MANHASSET HILLS, NY 11040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAYLING CHU	102 LAKE DRIVE	<input checked="" type="checkbox"/> Add
		MANHASSET HILLS, NY 11040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRUCE MINEROFF	P.O. BOX 500	<input checked="" type="checkbox"/> Add
		MANALAPAN, NJ 07726	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL FEDERBUSH	512 CATHERINE STREET	<input type="checkbox"/> Add
		KEY WEST, FL 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
PROVIDENCE, RI

FILED

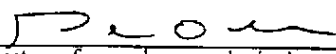
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 3, 2020


Signature of a member or authorized representative of a member

Gregory S. Oropeza, authorized representative
Typed or printed name of signer