

L200001670

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
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Phone : (561)844-3600
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jcitelli@fortitudeinvestments.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
160 BRACKENWOOD LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TO: Registration Section
Division of Corporations

SUBJECT: 160 BRACKENWOOD LLC
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:

DAVID B. NORRIS, ESQ.
Name of Person
Cohen Norris Wolmer Ray Telepman Berkowitz Cohen
Firm/Company
712 U.S. Highway One, Suite 400
Address
North Palm Beach, FL 33408
City/State and Zip Code
jcirelli@fortitudeinvestments.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Drakas at (561) 844-3600
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

160 BRACKENWOOD 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 06/16/2020 and assigned Florida document number L20000167051.

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)

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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 agent and/or the new registered office address here:

Name of New Registered Agent: JON PAUL CIRELLI

New Registered Office Address: 34 DUNBAR ROAD
Enter Florida street address

PALM BEACH GARDENS, Florida 33418
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

or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	JON PAUL CIRELLI	34 DUNBAR ROAD	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Rem
			<input checked="" type="checkbox"/> Cha
P	ORLENDY M. RIVERO	34 DUNBAR ROAD	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33408	<input checked="" type="checkbox"/> Rerr
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rerr
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rerr
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Rerr
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Rerr
			<input type="checkbox"/> Cha

