## L20000178997

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusilless Ethily Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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MOCT 16 PM 2: 14

OCT 1 9 2020

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 458427 8900A
AUTHORIZATION: Spelle Kenan
COST LIMIT : \$ 25.00
ORDER DATE: October 15, 2020
ORDER TIME : 11:42 AM
ORDER NO. : 458427-020
CUSTOMER NO: 8900A
DOMESTIC AMENDMENT FILING  NAME: 1209 NW 5TH AVE LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson FXT# (29/08

EXAMINER'S INITIALS:

## **COVER LETTER**

Registration Section Division of Corporations

TO:

1209 NW SUBJECT:	STH AVE LLC		21130	10.70	9:57
30BJEC1:	Name of L	imited Liability Company	<del></del>		
The enclosed Articles o	f Amendment and fee(s) are so	abmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
	Joseph M. Balocco, Jr., E	sq.			
		Name of Person	<del></del>		
	Balocco & Abril, PLLC				
		Firm/Со <del>пра</del> пу			
	4332 E Tradewinds Aven	uc			
		Address	·		
	Lauderdale By-the-Sea, F	L 33308			
		City/State and Zip Code		·	
	lbrokaw@gmail.com				
		(to be used for future annual repo	ort notification)		
For further information of	oncerning this matter, please of	call:			
Joseph M. Balocco, Jr.		954 530-47			
Name o	f Person	Area Code [	Daytime Teleph	one Number	<del></del> -
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(3 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed		Certified C	of Status &
Mailing Address Registration S Division of Co P.O. Box 6323 Tallahassee, F	ection orporations 7	Street Addre Registration Division of The Centre 2415 N. Mo Tallahassee	n Section Corporation of Tallahas onroe Street	see	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 15 mg: 17

If Changing Registered Agent, Signature of New Registered Agent

1209 NW 5TH AVE LLC				
( <u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now mited Liability Con	appears on our r npany)	ecords.)	<del></del>
The Articles of Organization for this Limited Liability Com- Florida document number <u>L20000178997</u>	npany were filed	on 6/26/20200		_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	i liability comp	any here:		
The new name must be distinguishable and contain the words "Limited	Liability Company	," the designation	"LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>	<del></del>	·	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on	our records, <u>e</u>	nter the name o	of the new register
Name of New Registered Agent:	<u>-</u>			
New Registered Office Address:	Ent	ter Florida street a	ddress	
			, Florida	
New Registered Agent's Signature, if changing Registered Ag	City		, Florida	Zip Code
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in plete performan t as provided fo	ce of my dutie. r in Chapter 6	s, and I am fam 05, F.S. Or, if i	iliar with and his document is

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>	Name	Address 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Type of Action
MGR	Laurence Brokaw	315 NE Third Avenue, 1803	□Add
		Fort Lauderdale, FL 33301	=Remove
		<del></del>	□Change
AMBR	Shoreline Holdings LLC	315 NE Third Avenue, 1803	<b>=</b> Add
		Fort Lauderdale, FL 33301	□Remove
			□Change
	<del></del>		□Add
			□Remove
			☐ Change
	<del></del>		
		<del></del>	□Remove
			□Change
			□Add
			□ Rегноve
			□Change
<del></del>			□Adđ
			□Remove
			Change

	7 230 17 2317
tive date, if other than the date of filing:	(optional)
If the date inserted in this block does not me	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 50 set the applicable statutory filing requirements, this date will not be list
ment's effective date on the Department of Sta	ate's records.
rd specifies a delayed effective date, but not as	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
iled.	
Ostobor 15	2020
October 15	2020
	<b>/</b> )
/* -	
( aneso	mber or muhanzed representative or a member

Filing Fee: \$25.00