Division of Corporations Electronic Filing Cover Sheet

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(((H12000242246 3)))



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Ta:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AKERMAN SENTERFUTT - BOCA RAT

Account Number : 120100000049

Phone : (561)360-2151

Fax Number

: (561)368-466A

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one amail address please. **

hera. draetta @ akerman. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 179 TICONDEROGA BLVD, LLC

Certificate of Status Certified Copy 1 02 Page Count \$55,00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

https://elile.sunbiz.org/scripts/elilcovr.exe

N. Culligen

10/4/2012

P.02/03

ARTICLES OF AMENDMENT	H12000 243246	
ТО	1. d. 0	
ARTICLES OF ORGANIZATION	AHA CHA	
OF	SS L	
,		
179 TICONDEROGA BLVD, LLC	$\Xi_{(0)}$	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.) OR S	
	DA I	
The Articles of Organization for this Limited Liability Company were filed on June 21	1, 2012 and assigned	
Florida document number L12000081763		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability commany here:		
6461 NW 2nd Ave, LLC	····	
The new name must be distinguishable and end with the words "Limited Liability Company," the des "L.L.C."	signation "LLC" or the abbreviation	
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)		
(Manual Radics 1971) DD 11 TOST OF 11CD DOXY	······································	
B. If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here:	is, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
r	71. aida	
Cite	Florida 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 vapacity. 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 608. 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

MCR ≈ Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>litle</u>	Name	Address	Type of Action
			·
			
	,		
			r=1 x
			Remove
). If amen	ding any other information, enter ci	nange(s) here: (Attach additional she	FILED MASSEE
			STATE FLORIDA
Dated	October 4	2012	
		mber or authorized epresentative of a mo	ember /

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Filing Fee: \$25.00

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