L0900039139

(F	Requestor's Name)	•
(A	ddress)	
(A	ddress)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SECRETARY OF STATE DIVISION OF CORPORATION

JUN 29 2015

R MASON

COVER LETTER

TO:		tration Section of Corpo	ion , orations		:	
	'	NG Properti	es, LLC			
SUB	зјест: _		Name of Limi	ted Liability Company		
The	enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Plea	se return a	II correspond	lence concerning this matter	to the following:		
			Nathan Gross			
				Name of Person		
				Firm/Company		
	7050 W. Palmetto Park Rd., #15-712					
				Address		
			Boca Raton, FL 33433			
				City/State and Zip Code		
			ngross@tristarcorp.net	,	<u> </u>	
			E-mail address: (to be used for future annual report notif	ication)	
For	further info	ormation con	cerning this matter, please ca	all:		
Natl	han Gross			561 214.6240 at ()		
		Name of I	Person	Area Code Daytimo	: Telephone Number	
Enc	losed is a c	check for the	following amount:			
	\$25.00 Fil	ing 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENG Properties, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L09000039139	ere filed on <u>4-22-09</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
1333 PBL BLVD, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrevia	ation "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 registered agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciŋ [,] Zi	ip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am famil ovided for in Chapter 605, F.S. O <u>r,</u> if th	iar with and is document is

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>	Address	Type of Action
			Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			🗅 Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
		SECRETALIAN	SECRETAEN FILE
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Continua	data if other than the data	of filings			(0	ntional		
n ettecti	date, if other than the date ve date is listed, the date must be sp	ecific and can	not be prior to dat	te of filing or more	than 90 days	after filing)		
	the date inserted in this block d 's effective date on the Departr			statutory filing re	equirements,	this date v	vill not	t be listed a
			5100140.					
	d specifies a delayed effe	ective date	e. but not an	effective tim	e. at 12:0)1 a.m. o	n the	e earlier o
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The 90	6-21			representative of	a member	SECRETARY TALLAHASSE	15 JUN 26	92 F
The 90	6~2~2 Signa	ture of a mem	iber or authorized	representative of ne of signee		SECRETARY OF S	10	FILEU SECRETARY OF STATE IVISION OF CORPORATIONS

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Filing Fee: \$25.00