Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000301044 3)))



H180003010443ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

; (845)818-3588 Fax Number

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1850 NE164 REALTY LLC

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

T. CLINE

EXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1850 NE164 Realty LLC				
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our re iability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company of Florida document number L18000148165	were filed on <u>6/15/2018</u>		and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	and assigned  ument number L18000148165  Iment is submitted to amend the following:  Inding name, enter the new name of the limited liability company here:  Inding name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  office address MUST BE A STREET ADDRESS)  mailing address, if applicable:  and assigned  and assigned  and assigned  indicated liability company here:  Indicated Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  office address MUST BE A STREET ADDRESS)  mailing address, if applicable:  andress MAY BE A POST OFFICE BOX)  ending 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:  Idea Registered Office Address:  Enter Florida stress address			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LLC" or the abbrevi	ation "L.l	L.C."
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			<del>=</del>	
12,100			읔_	
		<b>3</b>	17	į
Enter now mailing address if applicable:	<u></u>	,	>=	TT;
		<u> </u>	_ <u></u>	
Maining address MAT BE AT UST UTTICE BUSY	-		.0	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	ffice address on our re- g:	cords, enter the	name	of the new
New Registered Office Address:				
	Enter Florida street i	address		
		_, Florida	ip Code	
	City	Z	ир Соше	
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 accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	perjormance of my auto provided for in Chapter	605, F.S. Or, if th	nis doci	iment is

10/17/2018 15:27

(FAX)845 818 3588

P.003/004

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>	Type of Action
MGR	Moshe Minz	1850 NE 164TH STREET	<b>=</b> Add
		NORTH MIAMI BEACH	Remove
		FL 33162	Change
			Add
			□ Emmove
·——			Add -
			Remove
			□ Add
			□ Remove
			Change
			☐ Remove
			Change
			D Add
			Remove
			Change

10/17/2018 15:27 If amending any other informs	ation, enter change(s) here: (Attach addit	(FAX)845 818 3588 ional sheets, if necessary.)	P.004/004
		-	
<u> </u>			
		2	OCT
		300 B	9:0
		F*-	— <del>—</del>
			<del></del>
Effective date, if other than the if an effective date is listed, the date many Note: If the date inserted in this the document's effective date on the I	e date of filing:  Ist be specific and cannot be prior to date of filing or block does not meet the applicable statutory fili Department of State's records.	(optional) more than 90 days after filing.) Pursing requirements, this date will r	uant to 605.0207 (3)(b) tot be listed as the
he record specifies a delaye The 90th day after the re	ed effective date, but not an effective cord is filed.	time, at 12:01 a.m. on ti	he earlier of:
October 17th	2018		<b></b>
	gap do C		
<del>-</del>	Signature of a member or authorized representation	ve of a member	
Taylor Lolya	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00