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COVER LETTER

TO:		tration Sect on of Corpe		16 a*	
etib te	O(630 FL Hole			
SUBJE	.CI; _		Name of Limit	ed Liability Company	
The enc	closed A	articles of Ai	mendment and fee(s) are subn	nitted for filing.	
Please r	eturn al	l correspond	dence concerning this matter to	o the following:	
			BENJAMIN EISS		
				Name of Person	
			22240 BOCA RANCHO E	Firm/Company DR. APT. C	
			BOCA RATON, FL	Address	
			BENCHEBS@GMAIL.COM	City/State and Zip Code M	
			E-mail address: (to	be used for future annual report noti	fication)
For furt	her info	ormation con	cerning this matter, please ca	11:	
BENJA	MIN E			561 8709158 at ()	
		Name of F	Person	Area Code Daytim	ne Telephone Number
Enclose	ed is a c	heck for the	following amount:		
■ \$25	5.00 Fili	ng Fec	☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0630 FL HOLDINGS, LLC		
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records, nited Liability Company))
The Articles of Organization for this Limited Liability Com	npany were filed on 02/01/2019	and assigned
Florida document number L19000033471		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
630 FL HOLDINGS, LLC		
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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		A T
Mailing address MAY BE A POST OFFICE BOX)		P F
<u> </u>		7 2 0
		7: 7:
B. If amending the registered agent and/or register	ed office address on our records,	enter the name of the no
registered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			Change
			□ Add
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lote: If the date	is listed, the date must be spece inserted in this block doe ctive date on the Departme	es not meet the applicable s	e of filing or more than 96 statutory filing requires	days after filing.) Pursuant to ments, this date will not be	605.0207 listed as
The 90th da	y after the record is	filed.		12:01 a.m. on the ea	arlier of
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Typed or printed name of signee

Filing Fee: \$25.00