## 14000031402

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## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations		
3170 HOL	DINGS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GITA KLEIN	·	
		Name of Person	***
	THE KLEIN GROUP		
		Firm/Company	
	2300 NW CORPORATE	BLVD SUITE 112	
	<del></del> -	Address	
	BOCA RATON, FL 3343	1	
		City/State and Zip Code	
	gita@thekleingroupcpa.com	n to be used for future annual report noti	E continue V
For fouther information	concerning this matter, please c		neanon)
	concerning this matter, please c		
GITA KLEIN		954 345-3696 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing 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)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations dox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3170 HOLDINGS, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>-)</u>
The Articles of Organization for this Limited Liability C	Company were filed on 2-24-2014	and assigned
Florida document number L14000031402	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	ited 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 ADDI	RESS)	<u> </u>
		<b>是</b> 图 可
		29
Enter new mailing address, if applicable:		9 17
•••		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street address	
	, Flo	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, 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> JUAN F MAROSO	Address 825 BRICKELL BAY DRIVE	Type of Action
MGR		SUITE 1846 MIAMI, FL 33131	<b>∃</b> Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			Change
			□ Remove
			□ Change
			□ Remove
			□ Change
			Remove

\_\_\_\_\_ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  N/A
•	
	·
-	
-	
Note:	ive date, if other than the date of filing:    (optional)
he rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
<b>~</b>	4-24 2019
ı Jated	<del></del>
Dated _	And I was to be a second and a second a second and a second a second and a second a second and a second and a second and a
Dated .	
Dated <sub>.</sub>	Signature of a member or authorized representative of a member