

JUN/12/2019/WED 02:59 PM

FAX No.

2.001

6/12/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L1900001853503

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.

((H19000185350 3)))



H190001853503ABC%

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

FILED
19 JUN 12 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1111 BISCAYNE PHA PHF PHG, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

O SIMMONS

JUN 13 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1111 Biscayne PHA PHF PHG, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/28/19 and assigned Florida document number L19000029074.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City 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 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

D. If amending any other information, state change(s) here: (attach and submit if necessary)

[illegible]

19 JUN 12 AM 9:58

FILED

E. Effective date, if other than the date of filing:

Effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. ^(optional) ~~For more information, see the instructions to the form.~~

Note: If the date specified in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Notes: If the date entered in this block does not meet the applicable statutory filing requirement, this date will not be filed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated: June 12, 2019

RECEIVED OF THE SECRETARY OF THE ARMY

Artistas Del Marzu

YOUNG OF PHOENIX ISLAND 6 (1920)