## L19000033471

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## COVER LETTER

## egistration Section Division of Corporations

630 FL HOLDINGS, LLC

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	BENJAMIN EISS		
		Name of Person	<del></del>
		Firm/Company	
	720 SW 18TH ST		
	BOCA RATON, FL 33486	Address	
	BENCHEBS@GMAIL.CO	City/State and Zip Code M	
		to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	all:	
BENJAMIN EISS		561 870-9158	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)

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

630 FL HOLDINGS, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	720 SW 18TH STREET	至於 5
Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33486	2 4 7
		33: T F
Enter new mailing address, if applicable:	720 SW 18TH STREET	3 [
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33486	# P
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		nter the name of the
	<del></del>	
New Registered Office Address:	Enter Florida street address	
	. Florid	13
	, rigi iq	aZip 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 = N AMBR = A	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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			Change	
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an effecti ote: If t	date, if other than the date of filing:	o 605.0207 e fisted as
recore The 90	d specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the each day after the record is filed.	arlier o
ıted	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	_
	BENJAMIN EISS, MANAGER	

Page 3 of 3

Filing Fee: \$25.00