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(Req	uestor's Name)	
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2019 SEP -3 AH 9: 27

SULKER \$EP 12 2019

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	LOT 28 CU	E LAKE HILLS, LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		William P Blade		,
			Name of Person	
		Blade & Blade, PA		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		515 S. Federal Highway	. ,	
		-	Address	
		Deerfield Beach, FL 3344	1	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		bill@bladeoffices.com		
		E-mail address: (t	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
William P. F	Blade		954 429-1200 at ()	
	Name of	î Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

LOT 28 CUE LAKE HILLS, LLC

(Name of the Limited Liab) (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L19000204480	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
2540 NE 11 Terrace, LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 SEP - 3 AM 91
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		% E №
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	uddress
		Florida
	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			□ Change
			Remove
			Change
			Remove
			Change
			☐ Remove
			Change
			Remove

____ Change

). It ame ·	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	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.
Dated	08.28.19
	Signature of a member or authorized representative of a member
	Mary K. Rodriauez Typed or printed named of signee

Page 3 of 3

Filing Fee: \$25.00