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(Cit	y/State/Zip/Phone	e #)
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FILED
2019 NOV -1 AM III: 58

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COVER LETTER

TO: Registration Section Division of Corpor			
subject: <u>55</u>	71 Onversi Name of Limit	+y LLC ted Liability Company	<u>.</u>
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Adam J	Name of Person	
	5571	University LL Firm/Company	Ĉ
		NW 127 Way address	
	Parkla	ncl FL 330 City/State and Zip Code	76
-	E-mail address: (to	o be used for future annual report noti	fication)
For further information conc	erning this matter, please ca	11:	
Adam Name of Pe	Katz	at (954) 7(C	ol - 8080 e Telephone Number
Enclosed is a check for the f	ollowing 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5571 Univ	versity, LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	mpany as it now appears on our records.) sed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 8/3i/2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered	l office address on our records, enter the name of the ne
registered agent and/or the new registered office address h	here:
Name of New Registered Agent:	T.
New Registered Office Address:	Enter Florida struct address Dr.
	Enter Florida street address
	, Florida

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>	Name	Address	Type of Action
MbR	Jill Stanzione Katz	7/109 NW 127Way, Parilland FC 33076	
			Remove
			Change
		 	O Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			O Add
			_ Remove
			☐ Change

-	
an effect lote: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of 0th day after the record is filed.
ated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00