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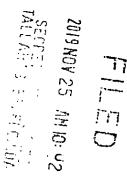
(Requestor's Name)	-
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
SUBJECT: 1484 SW 32 Street LCC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Walter Schneider				
Name of Person				
Firm/Company				
10640 Griffin Road # 105				
Address C. L. C.				
Cooper City, FL 33328 City/State and Zip Code Wb Schneider Nat Concast, net E-mail address: (to be used for future annual report notification)				
City/State and Zip Code				
Woschneider Matconcast, Net				
For further information concerning this matter, please call:				
Wafter Schneider at (954) 533-5205 Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing Address: Street Address:				
Registration Section Registration Section Division of Corporations Division of Corporations				
Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1484 5	W 32 Street LLC	_		
Name of the Limites	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)		-	
The Articles of Organization for this Limited Lia Florida document number	ibility Company were filed on <u>April 9, 20</u>	<u>19</u> and a	assigne	d
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liability company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the a	ibbreviation		
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
		<u> </u>	20 lb	
D. M	and the second s		3	
B. If amending the registered agent and/or regard and/or the new registered office address	gistered office address on our records, <u>enter the nar</u> here:	ne of the n	<u>iew⊣reg</u> ⊘ ∵i	<u>usterec</u>
				1
Name of New Registered Agent:		<u> </u>	:x ==	
New Registered Office Address:		ęΠ	. C	
new registered Office Address.	Enter Florida street address		_tzz	
	, Florida			
	City	Zip Сос	kr	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name A	Address	Type of Action
MGRM	Joannou, Paulo	4009 NE 5 TEN	□Add
	,	4009 NE 5 Ten Ogkland Park, Fi	i Remove
		33335	□Change
MGRM	Schwartz Joshua	3200 South Andrews A. Suite 104	<u>Ve</u> □Add
	·	Suite 104	LXRemove
		Fort Landerdale FC 3331	□Change
			□∧dd
			□Remove
			Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change

Page 2 of 3

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	SEE Attached Assignments and Resignations.
	Resignations.
_	<u></u>
_	
_	
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_	
	· · · · · · · · · · · · · · · · · · ·
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated <u>/</u>	Wovember 21 2019 Walt Schneich Signature of a member or authorized representative of a member
	Wath Solmain Signature of a member or authorized representative of a member
	Watter Schneider
	Typed or printed name of signee

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Filing Fee: \$25.00