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COVER LETTER

CITIES TELESCOPE			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fre(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	-	Name of Person	for filing. following: Name of Person SERVICES LLC Firm/Company Address State and Zip Code [ed for future annual report notification) 3954
	KELLER REID REAL ES		
	905 CARLEE CIRCLE		
		Address	
	Division of Corporations P.O. Box 6327 Day interest and Division of Corporations Division of Corporations P.O. Box 6327 Day interest Corporations Division of Corporations P.O. Box 6327 Day interest Corporations Division of Corporations P.O. Box 6327 Day interest Corporations Division of Corporations P.O. Box 6327 The Control of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahbassee		
	THERESASREID@GMAI	·	
	E-mail address: (to be used for future annual report ne	otification)
For fu ther information of	concerning this matter, please c	all [.]	
THEFESA REID			
Name (of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$1.5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration	Section	Registration S	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1950 JAMES WILSON 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 JUNE 28, 2021 and assigned Florida document number $\frac{1.21000298303}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1950 JAMES WILTON LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 905 CARLEE CIRCLE Enter new mailing address, if applicable: BOYNTON BEACH, FL 33426 (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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Name</u>	Address	Type of Action
	N/A		□Add
			□Remove
			☐ Change
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fective date, if other than the	JUNE 28, 20)21		
an effective date is listed, the date must	he specific and cannot be prior to	a date of filing or more than	(optional) 90 days after filing.) Pursuant to 605	.0207 (
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ecord specifies a delayed effective	date, but not an effective tir	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day after	r the
is filed.			·	
JULY 13	2021			
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	Signature of a member or author	rized representative of a men	iber	

Filing Fee: \$25.00