

L23000529553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

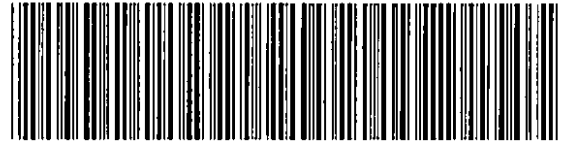
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200421876152

01/16/24--01025--005 **25.00

KH
2/2/24

2024 JAN 16 AM 8:47
CLERK OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1280 SEMINOLE LLC

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:

MARGARET S. ARNESON

Name of Person

LAW OFFICES OF MARGARET S. ARNESON, P.A.

Firm/Company

700 S. ANDREWS AVENUE

Address

FORT LAUDERDALE, FLORIDA 33316

City/State and Zip Code

margaretsarnesonpa@att.net

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARET S. ARNESON

954

472.5077

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 JAN 16 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1280 SEMINOLE 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 11/28/2023 and assigned
Florida document number 1.23000529553.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

101 N.E. 3RD AVENUE

SUITE NO. 610

FORT LAUDERDALE, FLORIDA 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 N.E. 3RD AVENUE

SUITE NO. 610

FORT LAUDERDALE, FLORIDA 33316

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:

Name of New Registered Agent:

LAW OFFICES OF MARGARET S. ARNESON, P.A.

New Registered Office Address:

700 S. ANDREWS AVENUE

Enter Florida street address

FORT LAUDERDALE

City

Florida 33316

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEVEN R. PATCH	101 N.E. 3RD AVENUE	<input checked="" type="checkbox"/> Add
		SUITE NO. 610	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FLORIDA 33301	<input type="checkbox"/> Change
MGRM	MILIC NOVOVIC	5531 N UNIVERSITY DRIVE, #103	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	CHESTER D MILLER	5531 N UNIVERSITY DRIVE, #103	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 JAN 16 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY
TALLMADGE
2024 JAN 10

2024 JAN 15 AM 8:47
SECRETARY OF STATE
ST. LOUIS, MO.
Pursuant to 605.02

77-10000

F. Effective date, if other than the date of filing: 01/11/2024 (optional)

(If an effective 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 35 U.S.C. § 241 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated JANUARY 11TH 2024

Signature _____

Signature of a member or authorized representative of a member

STEVEN R. PATCH

Typed or printed name of signee

Filing Fee: \$25.00