4/30/2021



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Page: 2 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELEVEN FIFTY-FIVE, L.L.C.

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Help IN HED

ALC: PA

From: Ranae McGraw

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEVEN FIFTY-FIVE, L.L.C.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L04000094112</u> .	were filed on 12/29/2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	50 N Laura St Ste 3100
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL - 32202
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	, <u>r</u> a
	Enter Florida street address Florida
	City Zipterale
New Registered Agent's Signature, if changing Registered Agent:	First Annual Pro-
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I agrifamiliar with and orovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383

- Page: 4 of 5

2021-04-30 11:37:13 CST

19542080845

From: Ranae McGraw

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
			□Add
			Remove
			Change
			Change
		<u> </u>	□Remove
			□Change
			□Add
		□Remove	
		□Add	
			□Remove
			Change
			□Remove
			□Change

From: Ranae McGraw

). If amending any other info	ormation, enter change(s) here:	(Attach additional sheets, if ne	cessary.)
			
			<u> </u>
			
	-		
	<u></u>		
(If an effective date is listed, the da Note: If the date inserted in t	an the date of filing: ate must be specific and cannot be prior to this block does not meet the applicat the Department of State's records.	date of filing or more than 90 days at	otional) Her filing.) Pursuant to 605.0207 (3) his date will not be listed as the
the record specifies a delayed et cord is filed.	ffective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated <u>4/30</u>	2021	_•	
		ashington ized representative of a member	
Melvin K. Washit		The second secon	

2021-04-30 11:37:13 CST

Typed or printed name of signce