106000016919

<u>.</u>		
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	isiness Entity Nan	ne)
000	Siliess Ellity Hall	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·	-	
<u> </u>		

Office Use Only



700253148767

10/24/13--01004--004 **25.00

T CLINE

SECRETARY OF STATE

30CT 24 AM | 1:19

COVER LETTER

TO: Registration Section
Division of Corporations

BIFCE IP 210 Century, 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:

Deborah L Kriner

Name of Person

IP 210 Century, LLC

Firm/Company

1061 E Indiantown Road, Suite 500

Address

Jupiter, FL 33477

City/State and Zip Code

DKriner@idealteam.com

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

For further information concerning this matter, please call:

Deborah L Kriner

at (561)472-0232

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Certified Copy

(additional copy is enclosed)

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IP 210 Century, LLC		
(<u>Name of the Limite</u>	Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited I	•	•
Florida document number <u>L06000016919</u>	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
		25 00 Ti
		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	$r^{\mu}(r) \leftarrow 1$
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	Deborah L Kriner	
New Registered Office Address:	1061 E Indiantown Roa	ad, Suite 500
		Enter Florida street address
	Jupiter	, Florida 33477
	City	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ideal Properties Management Inc	1061 E Indiantown Road	Add
		Suite 500	Remove
		Jupiter, FL 33477	_
MGR	Ideal Properties Management Inc	1201 US Highway One	_
		Suite 350A	_ Remove
		North Palm Beach, FL 33408	3_
40.1111			_
		5 (A U m A 77 U m	Remoye
		స≥ గాల జాం జాం	24 Add
		FLOWING REPORTS	Remove
			Add
			Remove
			Add
			Remove

 November 8.2013.
Die Id
Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 24 AM II: 19