

LOG000026793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

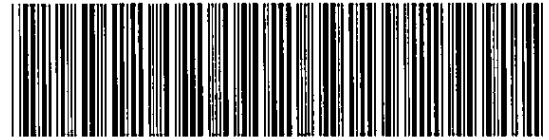
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800323223748

800323223748
06/05/19--01015--003 **30.00

FILED
2019 JUN -5 AM 4:02
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Y SULKER

JUN 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONTINUUM 2404, 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:

CRAIG D. SAVAGE

Name of Person

CRAIG D. SAVAGE, P.A.

Firm/Company

18851 NE 29TH AVENUE SUITE 303

Address

AVENTURA, FL 33180

City/State and Zip Code

craig@craighdsavagepa.com

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

For further information concerning this matter, please call:

CRAIG D. SAVAGE

954


985-1005

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

CONTINUUM 2404, 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 MARCH 13, 2006 and assigned
Florida document number L06000026793

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:

7425 NW 79TH STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33166

Enter new mailing address, if applicable:

7425 NW 79TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33166

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:

JOSHUA N. MANDEL

New Registered Office Address:

7425 NW 79TH STREET

Enter Florida street address

MIAMI

Florida 33166

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 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

Joshua N. Mandel

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>
MGR	JOSHUA N. MANDEL	7425 NW 79TH STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STACEY L. MANDEL	7425 NW 79TH STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL T. WILLIAMS	C/O GOLDSTINE, SKRODSKI 835 MCCLINTOCK DRIVE 2ND FLOOR BURR RIDGE, IL 60527	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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
2011 JUN 5 AM 10:02
TOLSON
DEPT. OF JUSTICE
RECEIVED

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY 60322 UCBAW

FILED
2019 JUN -5 AM 11:02
RECEIVED
WILLIAMSBURG VIRGINIA

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.

Dated JUNE 4 2019

JOSHUA N. MANDEL

Filing Fee: \$25.00