## 106000048821

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## **COVER LETTER**

то:		stration Section of Corpo				y t		
SUBJE		6420 Lofts L	LC					
SODJE	.c		Name of Lim	ited Liability Company		<del></del>		
The en	closed .	Articles of Ar	nendment and fee(s) are sub	mitted for filing.				
Please	return :	all correspond	lence concerning this matter	to the following:				
			Lee C. Schmachtenberg	l				
			-	Name of Person		<del></del>		
			Lee C. Schmachtenberg	P.A.				
	Firm/Company							
			534 Cormorant Cove					
			Address					
			Naples, FL 34113					
	City/State and Zip Code							
			Lee@schmachtenberg-la					
			E-mail address: (	to be used for future annual	report notification)			
For fur	ther inf	ormation con	cerning this matter, please co	all:				
Lee C. Schmachtenberg				305 494	4-4122			
		Name of P	Person	Area Code	Daytime Telephone	Number		
Enclose	ed is a	check for the	following amount:					
<b>■</b> \$23	5.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) C	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

6420 Lofts LLC

(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our reco mited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Com- Florida document number L06000048821	npany were filed on 05/11/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRES	<u>(2.2</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		The new of the new
	.1	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, a ut as provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is
ī	FC hunging Degistered Agent Signatur	e of New Danistered August

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
MBR	Luis Gavarrete	3006 Aviation Ave. Ste. 2A	
		Coconut Grove, FL 33133	■ Remove
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			Add
			□ Remove
		<del> </del>	☐ Change
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Tective date, if other than the effective date is listed, the date in this cument's effective date on the	nust be specific and cooling block does not me	cannot be prior to cet the applical		more than 90 days a	p <b>tional)</b> after filing.) Pursua	ਜ਼ nt to 605.01
e record specifies a delay The 90th day after the ro		ate, but not	an effective	time, at 12:0	)1 a.m. on the	earlier:
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Tu	Signature of a m	aura	li			

Page 3 of 3

Filing Fee: \$25.00



## SCHMACHTENBERG & ASSOCIATES

ATTORNEYS AND COUNSELORS AT LAW 1533 SUNSET DRIVE, SUITE 201 CORAL GABLES, FLORIDA 33143

TO:

5ch machterburg 534 Cormorant Cove Naples, FL 34113