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(B	usiness Entity Name)
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FILED 18 SEP 28 AH 2: 3-SE CHETT CHARTANE IALLANVISSEE, FLORIDA

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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

CEDAR LOFTS ALLIANCE LLC

SUBJECT:

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:

DOUZOGLOU, JUAN

Name of Person

Las Olas 7 Alliance LLC

Firm/Company

040 BISCAYNE BLVD APT 1001

Address

7 HAMI FL 33132

City/State and Zip Code

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

For further information concerning this matter, please call:

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DOUZOGLOU, JUAN	305	336-8826
	at () _	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

FILED 18 SEP 28 AM 2:35 SECTOR SECTION OF AMERICAN

#### CEDAR LOFTS ALLIANCE 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 10/06/2006 and assigned Florida document number 106000098308

This amendment is submitted to amend the following:

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

Las Olas 7 Alliance LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

### Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Eater new mailing address, if applicable:

(*Aailing address MAY BE A POST OFFICE BOX*)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uldress
	City	_, Florida Zip Code

#### Nev/ Registered Agent's Signature, if changing Registered Agent:

I h-reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the previsions 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 documen 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 imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:						
MGR = M AMBR = A	lanager Authorized Member	and address of each person being adde FILED 18 SEP 28 AH 2: 35 Address Address Type of Action Type of Action				
<u>Title</u> ·	<u>Name</u>	<u>Address</u>	TALLAMASSIE ALORIDA	Type of Action		
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# , D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUAN DOUZOGLOU is the 100% President of MANAGEMENT ALLIANCE CORP. that solely

nly amend name "Las Olas 7 Al	liance LLC".	 	
is structure is due to asset prote	ection advise from his lav		
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09/24/2018

(optional)

E. Effective date, if other than the date of filing: (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 605.0207 (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 i ne 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.

September 24	2018	
	- A AI	
	Signature of a member or authorized representative of a member	
JUAN DOU	ZOGLOU	
	Typed or printed name of signee	<u> </u>

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Filing Fee: \$25.00