

LO7000127582

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

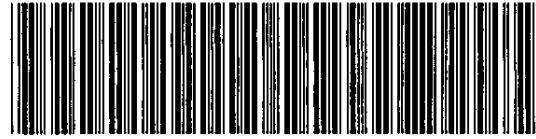
(Document Number)

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2017 MAY 22 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAY 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2017

PATRICK L DUFFY
501 GRAND CONCOURSE
MIAMI SHORES, FL 33138

SUBJECT: 9022 NE 8 AVENUE 1-K, LLC
Ref. Number: L07000127582

We have received your document for 9022 NE 8 AVENUE 1-K, LLC and your check(s) totaling \$350.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00007843

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 9022 NE 8 AVENUE I-K, 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:

PATRICK L. DUFFY
Name of Person

Firm/Company

501 GRAND CONCOURSE
Address

MIAMI SHORES, FL 33138
City/State and Zip Code

PATDUFFY@USA.NET
E-mail address: (to be used for future annual report notification)

RECEIVED
2017 MAY 22 PM 4:16
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATRICK L. DUFFY at (305) 904-4803
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

KS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9022 NE 8 AVENUE 1-K, 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 1/1/08 and assigned
Florida document number LO 7000 127582

This amendment is submitted to amend the following:

SEE PAGE 3 OF 3

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

N/A
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:

N/A
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A
(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE CHANGE THE MAILING ADDRESS FOR THE MGRM AS NOTED BELOW.

NEW ADDRESS {

MGRM: THE DUFFY FAMILY LIMITED PARTNERSHIP
8 THE GREEN, SUITE A
DOVER, DE 19901

2017 MAY 22 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(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 the 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.

Dated 5/14/17

Signature of a member or authorized representative of a member

PATRICK L. DUFFY, MANAGING MEMBER
Typed or printed name of signee