Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLLEGE 2688, LLC

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Corporate Filing Menu

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COVER LETTER

College 20	2688, LLC	
OBJECT:	Name of Limited Liability Company	
he enclosed Articles o	of Amendment and (be(s) are submitted for filing	•
	Frank B. Miller, Bsq.	
	Name of Person	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Frank E. Miller, Esq. Name of Person Gunster, Yoakley & Stewart, P.A. Firm/Company 225 Weter Street, Suite 1750 Address Jacksonville, FL 32202 City/State and Zip Code fmiller@gunster.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: let Name of Person Area Code Daytime Telephone Number check for the following amount: ling Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certificate of Status Certificate Copy Certificate of Certificate of Certificate of Certificate of Certificate of Status Certificate of Certifi	
	Firm/Company	
	225 Water Street, Suite 1750	
	Address	
•	Jacksonville, FL 32202	
for further information	concerning this matter, please call:	
Frank E. Miller		
Name		
Enclosed is a check for t	the following amount:	
325.00 Filing Fee		f Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(((H160000341743)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLLEGE 2688, LLC					
(Name of the Lim	(A Plorids Limited	my as It now appears on or Limbility Company)	H. Lecouge)		
The Articles of Organization for this Limited l Plorida document number L08000105678	Liability Company	were filed on November	er 13, 2008	_and assign	ıed
This amendment is submitted to amend the fol	llowing;	•			
4. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	log "LLC" or the abbrev	ristion "LLC	
Enter new principal offices address, if appli	cable:	374 McLesn Avenue			
Principal office address MUST BE A STRE	ET ADDRESS)	Yonkers, NY 10705			
		•			
			•	٠٠٠ <u>څخ</u>	õ
Enter new mailing address, if applicable:		374 McLean Avenue	· · · ·	- 1	——————————————————————————————————————
Malling address MAY BE A POST OFFICE	BOXI	Yonkers, NY 10705		7.17	<u> </u>
			···	<u>∑</u>	<u>.</u>
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B. If amending the registered agent and registered agent and/or the new registered or			records, <u>enter the</u>		ά
				981B	24
Name of New Registered Agent:	Robert W. Selton, III		7.0		
New Registered Office Address:	50 N. Laura Str	set, Suite 1725			
		Enter Florida stre	ei oddreso		
	Jacksonville		, Florida 32202		
		Clty		Up 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

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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>	Address	Type of Action
MGRM	I. M. Rubin	1649 Atlantic Bivd., Suite 200	□ Add
		Jacksonville, FL 32207	Remove
			☐ Change
MGR	Matthew Retiner	374 McLean Avenue	X Add
		Yonkors, NY 10705	C Remove
			☐ Change
mer	Margarete E. Grand	Mer 811 51m Street	NA AVAG
		Jacksonville Back	Remove
			32950 □ Change
			□ Add
			□ Remove
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			Remove
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	In the date of filing: (optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records. I ayed effective date, but not an effective time, at 12:01 a.m. on the ear	AK .				
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ise: If the date inserted in this blocument's effective date on the D	ock does not meet to epartment of State' I effective date	the applicable s records.	statutory filing	requirements, thi	is date will not be	e listed
ted January 25	20	016				
Me						
	Signature of a memb	er or authorize	representative o	f a member		_

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Filing Fee: \$25.00

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