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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Registration Section
Division of Corporations

TO:

RK 946-96 SUBJECT:	6 Normandy, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Anne-Marie Valla				
		Name of Person			
	RK Centers				
		Firm/Company			
	50 Cabot Street, Suite 200				
		Address			
	Needham, MA 02494				
		City/State and Zip Code			
	amvalla@rkcenters.com	,			
	E-mail address: (to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:			
Anne-Marie Valla		781 320-0001 at ()			
Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Se	etion		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of 7	Fallahassee e Street, Suite 810		
Tallahassee,	FL 32314	Z415 IN. IVIOIIIO	o bireet, butte 610		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RK 946-966 Normandy, 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 12/18/2008 _____ and assigned Florida document number L080000115422 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address _, Florida ___

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.

City

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	Katz Legacy Limited Partnership	17100 Collins Avenue, Suite 225	■Add
		Sunny Isles Beach, FL 33160	□Remove
			☐ Change
MGR	Raanan Katz	17100 Collins Avenue, Suite 225	□Add
		Sunny Isles Beach, FL 33160	□Remove
			≡ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		***	□Change
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fective date	e, if other	than the	date of fili	ng:	orior to date o	filing or mor	e than 90 days	optional)	ursuant to 605.020
te: If the da	ite inserte	d in this blo	ock does not epartment of	meet the ap	plicable stat	utory filing	requirements	s, this date wi	ill not be listed a
ecord specifi is filed.	es a delay	ed effective	e date, but no	ot an effectiv	ve time, at 13	2:01 a.m. on	the earlier o	of: (b) The 9	90th day after th
ted		<u>July</u>	14	2021	 -//				
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			Signature of	a member or a	athorized rec	fosestative o	f a member		
					d K				