

LC9000041367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

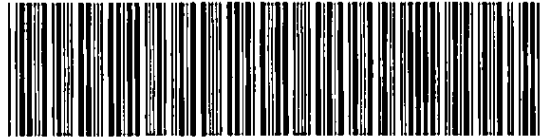
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG -7 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 54FL 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:

Gil Sternbach

Name of Person

Leverage Corporate Strategy

Firm/Company

4935 Kensington Circle

Address

Coral Springs, FL 33076

City/State and Zip Code

Gil.Sternbach@LeverageCorporateStrategy.com

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

For further information concerning this matter, please call:

Gil Sternbach

954

263-6336

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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TALLAHASSEE, FLORIDA

54FL 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 April 30, 2009 and assigned
Florida document number L09000041367.

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: Leverage Corporate Strategy

New Registered Office Address: 4935 Kensington Circle

Enter Florida street address

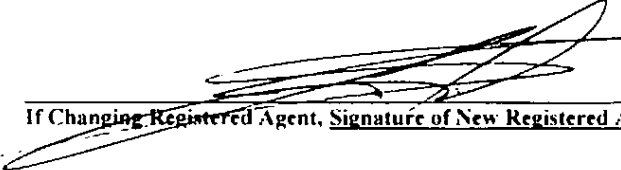
Coral Springs, Florida 33076

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>
MGR	Jean Margaret Schlesinger	19183 Tamiami Trail North	<input checked="" type="checkbox"/> Add
		Suite 100F	<input type="checkbox"/> Remove
		Naples, FL 34110	<input type="checkbox"/> Change
MGR	Andy Phillips	2900 Bristol Street	<input checked="" type="checkbox"/> Add
		Bldg F, Costa Mesa, CA	<input type="checkbox"/> Remove
		92626	<input type="checkbox"/> Change
MGR	Gil Sternbach	4935 Kensington Circle	<input checked="" type="checkbox"/> Add
		Coral Springs, FL	<input type="checkbox"/> Remove
		33076	<input type="checkbox"/> Change
MGR	Matt Stolba	19183 Tamiami Trail N.	<input type="checkbox"/> Add
		Suite 100F	<input checked="" type="checkbox"/> Remove
		Naples, FL 34110	<input type="checkbox"/> Change
			<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.)*

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TALLAHASSEE, FLORIDA

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 July 20, 2018

~~Signature of a member or authorized representative of a member~~

Gil Sternbach

Typed or printed name of signee