

L16000002706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

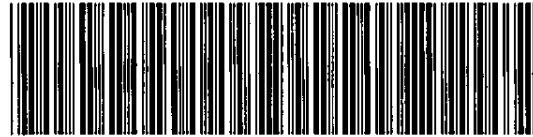
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 OCT -7 AM 11:13
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

J. Stivers OCT 08 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROVIDENCE AT BLOCK 55, 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:

DONALD ALEXANDER

Name of Person

C/O HOPE AVART, GUTTA SHARFI CPA

Firm/Company

490 SAWGRASS CORPORATE PARKWAY

Address

SUITE # 310

SUNRISE, FL 33325

City/State and Zip Code

donaldalexander@gmail.com

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

For further information concerning this matter, please call:

DONALD ALEXANDER

Name of Person

at (970) 409 0314

Area Code & Daytime Telephone Number

OR

HOPE AVART

(954) 452 8813

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

RECEIVED
TALLAHASSEE, FL 32301
OCT 7 2013

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

PROVIDENCE AT BLOCK 55 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 01/07/2010 and assigned Florida document number L10000002706.

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 end with 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:

DONALD ALEXANDER

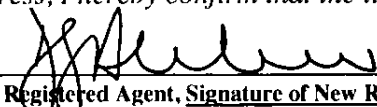
New Registered Office Address:

490 SAWGRASS CORPORATE PARKWAY
SUITE # 310 Enter Florida street address

SUNRISE, Florida 33325
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

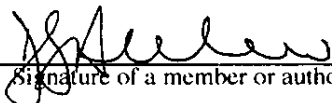
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALEXANDER, JONATHAN	490 CORPORATE PARKWAY	<input type="checkbox"/> Add
		SUITE # 310	<input checked="" type="checkbox"/> Remove
		SUNRISE FL 33325	
MGR	JAGO, DONOVAN	490 CORPORATE PARKWAY	<input type="checkbox"/> Add
		SUITE # 310	<input checked="" type="checkbox"/> Remove
		SUNRISE FL 33325	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 30 SEPTEMBER, 2013.



Signature of a member or authorized representative of a member

DONALD S. ALEXANDER (MGRM)

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECURITIES DIVISION
TALLAHASSEE, FLORIDA