

L10000092890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

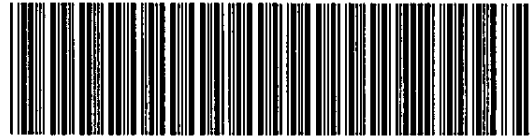
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 07 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2171 10TH Avenue North, 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:

Richard Grondin

Name of Person

2171 10th Avenue North, LLC

Firm/Company

3951 North Haverhill Road, Suite 300

Address

West Palm Beach, Florida 33417

City/State and Zip Code

richard@globalmanagementtrust.com

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

For further information concerning this matter, please call:

Richard Grondin

at (561) 684-9116

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

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TALLAHASSEE, FLORIDA

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

2171 10TH AVENUE NORTH,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 09/03/2010 and assigned
Florida document number L10000092890.

This amendment is submitted to amend the following:

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

WESTPORT PLACE PROPERTIES, LLC

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)

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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

City

Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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
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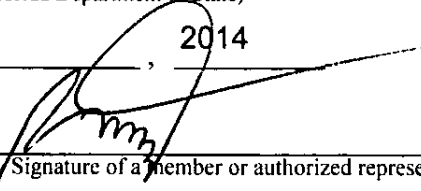
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 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: NOVEMBER 4TH, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 4TH, 2014



Signature of a member or authorized representative of a member

RICHARD GRONDIN

Typed or printed name of signee

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Filing Fee: \$25.00

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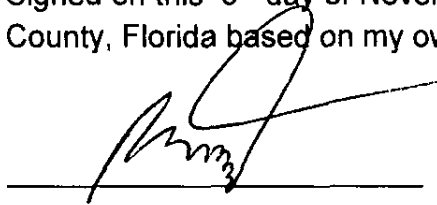
November 3rd, 2014

To: Florida Division Of Corporations

From: Richard Grondin
3951 N Haverhill Rd. Suite 300
West Palm Beach, FL 33417
561-684-9116

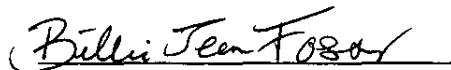
As per instructions from your office, this letter is to certify that I will not revoke the dissolution of the new company I formed under the name of Westport Place Properties, LLC, Document number: L14000161385 and I release that name Westport Place Properties, LLC to 2171 10th Avenue North, LLC document number: L10000092890. I am the Managing member of both companies.

Signed on this 3rd day of November, 2014, by Affiant Richard Grondin in Palm Beach County, Florida based on my own personal knowledge.



Richard Grondin

I hereby swear and affirm that came before me, Richard Grondin, this 3 day of November, 2014 and upon showing proper ID or X being known to me and after taking an oath, affirmed the foregoing affidavit is true and correct.



Notary Public



My commission expires on 03/05/2018

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TALLAHASSEE, FLORIDA

State of Florida

Department of State

I certify from the records of this office that WESTPORT PLACE PROPERTIES, LLC was a limited liability company organized under the laws of the State of Florida, filed on October 16, 2014, effective October 15, 2014.

The document number of this limited liability company is L14000161385.

I further certify that said limited liability company was voluntarily dissolved on October 31, 2014, effective October 31, 2014.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the First
day of November, 2014*

Ken DeFuria

Secretary of State



Authentication ID: 100266047681-110114-L14000161385

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>