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COVER LETTER

TO: Registration So Division of Con	ection porations		
SUBJECT: Le	lle MEADE &	375, LLC	
70	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:	
	Joseph	+ Elbaz.	
		Name of Person	
		Firm/Company	
	840 N	E 76 Street	
	Minusi,	FL 33/38 City/State and Zip Code	
	Joean JFE E-mail address: (City/State and Zip Code Control of Control	ication)
For further information c	oncerning this matter, please ca		
——————————————————————————————————————	<i>[-1]</i>	.	
Name o	f Person	at (305) 2/6 Area Code Daytime	Telephone Number
		,	,
Enclosed is a check for the	ne following amount:		
•	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
_	Certificate of Status	Certified Copy (additional copy is enclosed)	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

The Articles of Organization for this Limited Liability Company were filed on Florida document number 6/0000//1372 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 "LLC. 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:

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>	Address	Type of Action
MGRM	Joseph Elbaz	840 NE 76 Stand	/ □ Add
	•	840 NE 76 Stard Miani, FL 33138	Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing of	
Note: If the date inserted in this block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605.020 Iling requirements, this date will not be listed a
document's effective date on the Department of State's records.	54 99
ne record specifies a delayed effective date, but not an effectiv	ve time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
Dated $\frac{2}{1}$ /1/7 . $\frac{70}{7}$. $\frac{7}{1}$	
Signature of a menual or authorized representa	tive of a mamber
The second of th	ner of a monot
Joseph L/Laz	

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Filing Fee: \$25.00