

L10000116203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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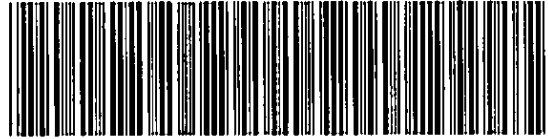
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SAUL EWING

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SHAR-ANN CALLAHAN
PARALEGAL
WILLS, TRUSTS AND ESTATES

200 E. Las Olas Boulevard
Suite 1000
Fort Lauderdale, Florida 33301
954-713-7635
shar-ann.callahan@saul.com

November 15, 2019

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: *Everglades 613, LLC*
Our File No. 824798.00006

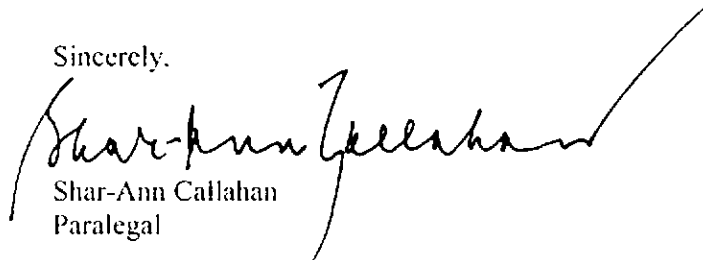
Ladies and Gentlemen:

Enclosed for processing is the *Articles of Amendment to Articles of Organization* for the referenced LLC and this firm's check in the amount of \$25.00 to cover the filing fee.

Please contact me directly if you have questions.

Your assistance is appreciated.

Sincerely,


Shar-Ann Callahan
Paralegal

Enclosures

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

EVERGLADES 613, 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 11/08/2010 and assigned
Florida document number L10000116203.

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:

16190 Cabernet Drive

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach, FL 33446

Enter new mailing address, if applicable:

P O Box 480922

(Mailing address MAY BE A POST OFFICE BOX)

Delray Beach, FL 33448

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:

Sharon Picolo

New Registered Office Address:

111 N. Pine Island Road, Suite 205

Enter Florida street address

Plantation

City

, Florida 33324

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

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TALLAHASSEE, FLORIDA

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	DANIEL MELDUNG	P O Box 480922	<input type="checkbox"/> Add
		Delray Beach, FL 33448	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated OCTOBER 23, 2019;

Signature of a member or authorized representative of a member

Typed or printed name of signee