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31 VISION OF CONCLUSIONS

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COVER LETTER

TÓ: Registration Division of (r Section Corporations				
	R 1254 LLC				
SUBJECT:		of Limited	Liability Company	í	
		1			
The enclosed Articles	of Amendment and fee(s)	 ire submiti	ted for filing.		
Please return all corre	rspondence concerning this i	 matter to t	he following:		
	PETER LEEMAN				
			Name of Person	1	
	STRYKR 1254 LLÓ				
			Firm/Company		
	1254 NW 21ST STR	 EET 			
			Address	·	
	POMPANO BEACE	<u> </u>			·
	DUTEZO A DOZOLI VELO		Tity/State and Zip ('ode	
	PETE@ABSOLUTE E-mail ad	11	e used for future ar	mual report notifi	ication)
For further information	on concerning this matter, pl	 ease call: 			
PETER LEEMAN				3329895	
Nat	ne of Person		Area Code	Daytime	Telephone Number
Enclosed is a check for	or the following amount:				
□ \$25.00 Filing Fee	: ■ \$30,00 Filing I ee Certificate of Sta	ditus	S55.00 Filing Certified Cop tadditional copy	рy	□ So0.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Inhassee, FL 32314		Reg Divi Clif	REET/COURII istration Section ision of Corpora ton Building I Executive Cer	ations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRYKR 1254 LLC	
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appears on our records.)</u> hability Company)
The Articles of Organization for this Limited Liability Company Florida document number L11000010445	were filed on 1/25/2011 and assigned
This amendment is submitted to amend the following:	ility company here:
A. If amending name, enter the new name of the limited liab	ility company here:
SKD 1254 LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "LLLC"
Enter new principal offices address, if applicable:	1254 NW 21ST STREET
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33069
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent: PETER LEEM.	AN:
New Registered Office Address: 1254 NW 2181	STREET
	Enter Florida street address
POMPANO BI	, Florida
1	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided fog in Chapter 605 F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	ng Authorized Person(s) authori d from our records:	 zed to manage, <u>enter the title, name, a</u> 	nd address of each person being added
MGR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
		i	□ Change
			Remove
			☐ Change
		Remove	
			GHange F L E D
		O Remove	
		□ Change	
			_ □ Add
		□ Remove	
			□ Change
			☐ Remove
			☐ Change

Page 2 of 3

ter change(s) here: (Attach additional sheets, if necessary.)
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9/1/2017
filing: (optional)
fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)
not meet the applicable statutory filing requirements, this date will not be listed as the tof State's records.
NOT State 8 records.
 iye date, but not an effective time, at 12:01 a.m. on the earlier of:
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enf a member of authorized representative of a member
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00