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COVER LETTER

	gistration Serision of Cor		•	
ann merr.	579 Holding			
SUBJECT:			ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Charlotte Floyd		
		-	Name of Person	
		579 Holdings, LLC		
			Firm/Company	
5201 Ravenswood Road, Suite 109				
			Address	
Ft Lauderdale, F1 33312				
	City/State and Zip Code charlotte@charleepm.com			
		E-mail address: (to be used for future annual report notifi	ication)
For further i	nformation co	oncerning this matter, please ea	all:	
Charlotte Floyd 954 6582088				
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is:	a check for th	e following amount:		
□ \$25.00 l	iling 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:

TO:

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

FILED

579 Holdings, LLC			2019 FEB - 1 PH 2: 58
(Name of the Lim	ited Liability Compa	inv as it now appears on our Liability Company)	records.)
he Articles of Organization for this Limited I			SEGRE STATE TALLAMACSEE, FL and assigned
	лаонну Сонфану	were med on	and assigned
lorida document number L11000051913	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS)</u>		5201 Ravenswood Roa	d Suite 109
		Ft Lauderdale, FL 33312	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		5201 Ravenswood Roa	d Suite 109
		Ft Lauderdale, Fl 33	3312
B. If amending the registered agent and egistered agent and/or the new registered of			ecords, <u>enter the name of the</u>
Name of New Registered Agent:	Charlotte Floy	rd	
New Registered Office Address:	14401 S.W. 30	0 Ct	
		Enter Florida stree	t address
	Davie		, Florida ³³³³⁰
	*	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 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>	<u>Address</u>	Type of Action
MGRM	Lisa Nguyen	1727 Dogwood Drive, Marco Island, Fl. 34145	
			■ Remove
			☐ Change
MGRM	Jason Bailey	1727 Dogwood Drive, Marco Island, FL 34145	
			■ Remove
			Change
MGRM	Charlotte Floyd	14401 S W 30 Ct . Davie, FL 33330	□ Add
			□ Remove
			■ Change
			Add
			Remove
			Change
			Change
			
			□ Remove
			□ Change

D. If amending any other infor	mation, enter change(s) l	nere: (Attach addition	al sheets, if necessary.)	
				
				
			-	
			· <u>·</u>	
_ 				
				
				
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be p s block does not meet the ap	orior to date of filing or mor plicable statutory filing	(optional) e than 90 days after filing.) Pur requirements, this date will	suant to 605,0207 (3)0 not be listed as the
If the record specifies a delay (b) The 90th day after the r		not an effective tir	ne, at 12:01 a.m. on t	the earlier of:
Dated	2019			
	hadeth J	lyl	N. massian	
	CMARLOT Typed or n	TE FLOYE	,	

Page 3 of 3

Filing Fee: \$25.00