

L11000057644
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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2018 NOV 19 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TINA A. CHARLES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. CLINE
NOV 20 2018
EXAMINER

2018 NOV 19 AM 9:27

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

Tina A. Charles, 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 May 13, 2011 and assigned Florida document number L11000057644.

This amendment is submitted to amend the following:

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

712 Lexington Ave, LLC

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:

101 Montgomery St., Suite 2800

(Principal office address **MUST BE A STREET ADDRESS**)

San Francisco, CA 94104

Enter new mailing address, if applicable:

101 Montgomery St., Suite 2800

(Mailing address **MAY BE A POST OFFICE BOX**)

San Francisco, CA 94104

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:

eResidentAgent, Inc.

New Registered Office Address:

11380 Prosperity Farms Road #221E

Enter Florida street address

Palm Beach Gardens

Florida

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2018 NOV 19 AM 11:00
 DEPARTMENT OF STATE
 ATLANTA, GEORGIA

FILED

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

[illegible]

STATE OF FLORIDA
HASSLE FLORES

2018 NOV 19 AM 11: 28

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 15, 2018

Signature of a member or authorized representative of a member

Tina Charles

Typed or printed name of signee