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Amend

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ALBRITTON

COVER LETTER

	ision of Cor			
SUBJECT:	1803 MOS	· ·		
Sobsect.			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Chase A. Berger, Esq.		
			Name of Person	
		Ghidotti Berger LLP		
			Firm/Company	
		1031 N. Miami Beach Bou	llevard	
			Address	
North Miami Beach, FL 33162				
		cberger@ghidottiberger.cor	City/State and Zip Code	
			to be used for future annual report no	tification)
For further in	iformation c	oncerning this matter, please c	all:	
Chase A. Be	rger, Esq.		305 501.2808 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$ 25.00 F	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)
	iling Addres gistration S		Street Address: Registration So	ection
Div	ision of C	orporations	Division of Corporations	
P.C). Box 632	1	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1803 MOSAIC, LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I		3/2012	and assigned
Florida document number L12000040863			_
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			
		-	
Enter new mailing address, if applicable:		<u> </u>	2020 Ni
Mailing address MAY BE A POST OFFICE	<u></u>		
			11 L
			- M
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office address on our rec	cords, <u>enter the name</u>	of the new register
gent and/or the new registered office address	ess nere:		: -
N. CN D			ω
Name of New Registered Agent:			
New Registered Office Address:	1031 North Miami Beach Boulevan	d	
	Enter Florid	la street address	
	North Miami Beach	Florida 3310	52
	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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□ Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
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			□Remove
			Change
			□ Add
			□Remove

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(If an eff Note:	ive date, if other than the date of filing: ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 2 .2020.
	Signature of a member or authorized representative of a member
	Chase A. Berger
	Typed or printed name of signee

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Filing Fee: \$25.00