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	Registration Sec Division of Corp			
erm 1020		LAND ESTATE, LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of ,	Amendment and fec(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		ANDREY STRIGIN		
			Name of Person	
			Firm/Company	
		7750 OKEECHOBEE BO	ULEVARD, Suite #4-571	
			Address	
		WEST PALM BEACH, FI	L 33411	
			City/State and Zip Code	
		E-mail address (to be used for future annual report notific	cation)
For further	er information co	oncerning this matter, please ca	all:	
ANDREY	Y STRIGIN		646 502 7578	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing 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:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 JAH 22 PM 4:19

MEADOWLAND ESTATE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	ipany were filed on $\frac{04/24/2012}{1}$	and assigned
lorida document number 1.12000054941		
his amendment is submitted to amend the following:		1
. If amending name, enter the new name of the limited	l liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.U C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BOX)		
		ecords, <u>enter the name of the n</u>
		ecords, <u>enter the name of the n</u>
Name of New Registered Agent:		ecords, <u>enter the name of the n</u>
egistered agent and/or the new registered office addres		
Name of New Registered Agent:	s here: Enter Florida street	address
egistered agent and/or the new registered office addres Name of New Registered Agent:	s here: Enter Florida street	
Name of New Registered Agent: New Registered Office Address:	s here: Enter Florida street City	address
	Enter Florida street City gent: l agree to act in this capacity plete performance of my duti et as provided for in Chapter	address, 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>	Type of Action
MGR	JOANNE GALY	7750 OKEECHOBEE BOULEVARD	
		Suite #4-571	■ Remove
		WEST PALM BEACH, FL 33411	□ Change
MGR	ANDREY STRIGIN	7750 OKEECHOBEE BOULEVARD	S Change
		Suite #4-571	□ Remove
		WEST PALM BEACH, FL 33411	Change
			Add
			Remove
			Change
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	9 JAN 2019
Note:	we date, if other than the date of filing:
	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 ₋	9 Jan 2019 Paul
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00