L12000077538

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

OLID HE C'T	SB BARB	IZON 202, LLC			
SUBJECT:		Name of Lin	nited Liability Company	<u> </u>	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		ROBERT E. MURDOCH			
			Name of Person		
		JOHNSON, ANSELMO E	ET AL		
Firm/Company					
2455 EAST SUNRISE BOULEVARD, SUITE 1000					
	Address				
	FORT LAUDERDALE, FLORIDA 33304				
City/State and Zip Code				ALLAK	
	MURDOCH@JAMBG.COM				Ş-1-4-4-6
		E-mail address: (to be used for future annual report notific	• • • • • • • • • • • • • • • • • • •	11
For further in	formation co	oncerning this matter, please ca	all:	- 10 - 15 - 45	(Thinks
ROBERT E.	MURDOCH	1	954 463-0100		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25,00 Fi.	ling 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

> 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

(Name of the Limited Liability Co	mpany as it now appears on our rected Liability Company)	cords.)
(A Florida Limi	ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000077538</u> .	any were filed on JUNE 11, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	2016
	•	至
		SSS
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Muning duaress MAT BLATOST OFFICE BOX		<u> </u>
		30
s. If amending the registered agent and/or registered egistered agent and/or the new registered office address		ords, <u>enter the name of th</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		, 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>	Address	Type of Action
MGR	RAY CHIANG	1735 SE 8TH STREET	
		FORT LAUDERDALE, FL 33316	Remove
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Iffective date, if other than the date of fill an effective date is listed, the date must be specific	ling:	data of filing on	(op	tional)		

Page 3 of 3

Filing Fee: \$25.00