L12000079298





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COVER LETTER

	Registration Division of C								
CUD IE	Ortsac Investments #13								
SUBJEC	.i:	Name of Lim	ited Liability Company						
The encl	osed Articles of	of Amendment and fee(s) are sub	mitted for filing.						
Please re	eturn all corres	pondence concerning this matter	to the following:						
		Barbara Castro							
			Name of Person						
		Greenback Properties LLC							
			Firm/Company						
		10238 W State Road 84							
			Address						
		Davie, FL 33324							
		BarbaraRCastro@aol.com							
		E-mail address: (to be used for future annual report notifi	ication)					
For furth	er information	concerning this matter, please ca	all:						
Barbara	Castro		954 332-6352 at ()						
-	Name	e of Person		Telephone Number					
Enclosed	l is a check for	the following amount:							
\$25.9	00 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ortsac Investments #13		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	company were filed on 06/14/2012	and assigned
Florida document number L12000079298	•	
This amendment is submitted to amend the following:		16 16
a. If amending name, enter the new name of the limi	ited liability company here:	高 三 五
350 Las Olas Place Unit 1980, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	r the abbreviation L.L.C.
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	<u>(ESS)</u>	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		1.8 °
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		************
3. If amending the registered agent and/or regis		enter the name of the ne
egistered agent and/or the new registered office add	ress here:	
Name of New Desigtand Agents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 **Title** Name **Address** Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ದೆ __ 🗆 Remove □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change

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fective date, if other th	an the date of fi	06/11/2012		(on	tional)	
an effective date is listed, the o	late must be specific	and cannot be prior		nore than 90 days aft	ter filing.) Pursuant to 605.	
ote: If the date inserted in ecument's effective date or	this block does n the Department	ot meet the application of State's records.	able statutory fili	ng requirements, t	nis date will not be liste	da
	· · ·					
record specifies a de The 90th day after th	elayed effectiv se record is file	e date, but no ed.	t an effective	time, at 12:01	a.m. on the earlie	ir c
04/30 		2018				
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	<u> </u>	of a member or author		· · · <del>,</del> · · · · · · · · · · · · · · · · · · ·		

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Typed or printed name of signee

Filing Fee: \$25.00