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J. Shavers FEB 0 4 2000

## **COVER LETTER**

TO: Registration S Division of Co			• • •
SUBJECT:	27 North I	JSA, LLC	
Source		ited Liability Company -	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
t a	ondence concerning this matter		
		Phil Gallo	¥. ;
		Name of Person	
	27 N	orth USA, LI	_C
	<del>- · · · · · · · · · · · · · · · · · · ·</del>	Firm/Company	·
	14153	<b>US</b> Highway	/ 1
		Address	
	Juno Be	ach, FL 334	.08
		City/State and Zip Code	
		@gallogroup.cor	
For firsther information		to be used for future annual re	port notitication)
	concerning this matter, please ca	iii:	
Phil Gallo		<sub>at</sub> 561, 37	'1-9694
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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

	27 North US					
(Name of the Limit	ted Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited L Florida document number L130000280		were filed on	02/21/2012	2;	and assig	gned
This amendment is submitted to amend the foll	owing:					
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company her	r <u>e</u> :			
he new name must be distinguishable and end with the	words "Limited Liab	oility Company," the d	lesignation "LLC" or	the abbrev	iation "L.I	L.C."
Inter new principal offices address, if applic	able:	14153 US H	ighway 1			
Principal office address MUST BE A STREE	TADDRESS)	Juno Beach,	FL 33408			
				772	<b>-</b>	
Inter new mailing address, if applicable:		14153 US H	ighway 1		(a)	
Mailing address MAY BE A POST OFFICE BOX)		Juno Beach,	FL 33408	1 4	16	
3. If amending the registered agent and/egistered agent and/or the new registered of			our records, en	ter the	<u></u>	f the n
Name of New Registered Agent:	Phil Gallo					
New Registered Office Address:	14153 US I	_ <del></del>		·		
			da street address			
	Juno Beach		, Florida	33408	3	
		City		Ziį	o Code	

New Registered Agent's Signature, it 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, am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F. 6. 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, San ature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

	Address	Type of Action
 -		Add
		Remove
• •	<del></del>	<del></del>
 <b>.</b>		Add
		□ Remove
 <b>.</b>		□ Add
		Remove
 _		7.
		Add  Add  Remove  DRemove  DRemove
		25 S
 -		Add
	· · · · · · · · · · · · · · · · · · ·	□ Remove
<del>-</del>		□ Add

. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
F ffoo	tive date, if other than the date of filing:
The ef	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the da	te this document is filed by the Florida Department of State)
Dated	JAN AN COLUMN
	Signature of a member or authorized representative of a member
	MICHEAL MCGANN
	Typed or printed name of signee

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Filing Fee: \$25.00