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(Re	questor's Name)	
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05/18/15--01028--022 **25.00

COVER LETTER

Division of Corp	porations ,		
SUBJECT:	998 SW 144TH CC	OURT RD OCALA LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		SIMON DOV	
		Name of Person	
	998 SW 1	144TH COURT RD LLC	
		Firm/Company	
		17131 NE 11TH CT	
		Address	
	Ν	MIAMI, FLORIDA 33162	
		City/State and Zip Code	
		SCHROE@COMCAST.NET	
		to be used for future annual report not	ification)
For further information co	oncerning this matter, please co	all:	
DAVID S	CHROEDER	954 at ()	632-4854
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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

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

998 SW 144TH COURT RD OCALA LLC			
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on	4/24/2013	and assig	ned,
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here	<u>e</u> :		
998 SW 144 COURT RD LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the	e abbreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		2018 SE	
		HAY CREI	171 -
Enter new mailing address, if applicable:		ASA T	of contract
(Mailing address MAY BE A POST OFFICE BOX)		MO TO	
(Maining dadress Intil DE ATOST OF TICE BOX)	······································		Jenes
			
B. If amending the registered agent and/or registered office address on	our rooards and		f the new
registered agent and/or the new registered office address here:	our records, <u>em</u>	ter the name o	i the ne
Name of New Registered Agent:			
New Registered Office Address:			
	la street address		
	, Florida		
City	, 1 loi lua	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
			Add
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<u></u>			Add
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If amending a									v.)		
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) The 90th											
•	5/15/20	015									
Dated	5/15/20	015		,	-				TALL	20151	
•	5/15/20		nature of a	member or a	authorized repr	esentative o	f a member		ECRETA	2015 HAY 1	
•	5/15/20		nature of a		authorized repr		f a member		SECRETARY DI TALLAHASSEE.	8	
•	5/15/2		nature of a	DAVID		R	f a member		ECRETARY LLAHASSE	8	

Filing Fee: \$25.00