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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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(D0	cument Number)	
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SECRETARY OF STATE
TALL LIASSET FILIPINA

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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	College Gre	ren I I.L.C			
	***************************************	Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Robert J Chalfin			
			Name of Person	······	
		College Green I LLC			
		*·····	Firm/Company		
45 Bridge Street					
	Address				
		Metuchen, New Jersey 08840			
		hah Gabal Carana	City/State and Zip Code		
		bob@chalfin.com	to be used for future annual report notifi		
				catton)	
For further in	iformation co	oncerning this matter, please co	all:		
Robert J Cha	ıltin		732 321-1099		
	Name of	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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:

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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

College Green 1 LLC			
(Name of the Lin	nited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited	Liability Company	were filed on MAY 29, 2013	and assigned
Florida document number 113000077664	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		c/o Robert J Chalfin	
		45 Bridge Street	
		Metuchen, New Jersey 08840	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o Robert J Chaffin	
		45 Bridge Street	
		Metuchen, New Jersey 08840	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered o office address her Andre Vagliand	<u>e</u> :	THE THARY
			The D
New Registered Office Address:	7105 SW 61 St	Enter Florida street address	To a U
	Miami	, Florida 3	記入TE US 3143 P
		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 amonding 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 Address Type of Action Title Name _□ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change \square Add □ Remove _ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Add ☐ Remove

☐ Change

D. If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
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	at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ock does not meet the applicable statutory filing requirements, this date will not be listed as t
If the record specifies a delaye (b) The 90th day after the rec	d effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of: ord is filed.
Dated September 28	2019
Malho	Separature of a member or authorized representative of a member
Robert J Chalfin	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00