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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE ALLAHASSTE, FLORIDA

COVER LETTER

TO:

Registration Section
Division of Corporations

SURTECT.

SAN MARCO 1800, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT E. MURDOCH

Name of Person

JOHNSON, ANSELMO ET AL

Firm/Company

2455 E. SUNRISE BLVD. #1000

Address

FT. LAUDERDALE, FL 33304

City/State and Zip Code

MURDOCH@JAMBG.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT E. MURDOCH

954 463-0100

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

SAN MARCO 1800, LLC		·
(Name of the Limited Liability Con (A Florida Limite	pany as it now appears on our record Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comparing Landscape Florida document number Landscape Landsc	any were filed on JUNE 5, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited i	iability company here:	
The new name must be distinguishable and end with the words "I.L.C."	imited Liability Company," the design	gnation "LUC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	ALLYSON MASSEY	1314 EAST LAS OLAS BOULEVARD	Add
		FORT LAUDERDALE, FL 33301	Remove
			-
MGR	AWM MANAGEMENT CO.,	1314 EAST LAS OLAS BOULEVARD	Add
**************************************	LLC, A WYOMING LIMITED LIABILITY COMPANY	FORT LAUDERDALE, FL 33301	Remove
•			
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		· · · · · · · · · · · · · · · · · · ·	Remove
			•
<u></u>		·	Add .
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			Remove
		SECRE ALLAH	ت ت ا
		ECRETARY OF LLAHASSEE. F	E Gallove
		FLORIDA	E Rollinove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	—
ed	
	Alusa Massey
	Signature of a metaber of authorized representative of a member All y son Massey
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00