

U3000104609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700282624947

02/29/16--01015--006

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 FEB 29 PM 5:52

MAR 01 2016  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** D. P. 231 SW 15TH STREET, 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:

CHRISTOPHER J. GERTZ, ESQ.

Name of Person

GERTZ & GERTZ

Firm/Company

888 S. ANDREWS AVE, SUITE 204

Address

FORT LAUDERDALE, FL 33316

City/State and Zip Code

CHRIS@GERTZLAW.NET

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
16 FEB 29 PM 5:52

For further information concerning this matter, please call:

CHRISTOPHER GERTZ

954

565-2601

Name of Person

at ( )

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**

D. P. 231 SW 15TH STREET, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/25/2013 and assigned  
Florida document number L13000105609.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)**

888 SOUTH ANDREWS AVE, SUITE 204

FORT LAUDERDALE, FL 33316

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

888 SOUTH ANDREWS AVE, SUITE 204

FORT LAUDERDALE, FL 33316

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CHRISTOPHER J. GERTZ, ESQ.

New Registered Office Address:

888 SOUTH ANDREWS AVE, SUITE 204

*Enter Florida street address*

FORT LAUDERDALE

*City*

Florida 33316

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAJESTIC TRUST	888 S. ANDREWS AVE	<input checked="" type="checkbox"/> Add
		SUITE 204	<input type="checkbox"/> Remove
		FT LAUDERDALE, FL 33316	<input type="checkbox"/> Change
MGR	MAJESTIC	888 S. ANDREWS AVE	<input type="checkbox"/> Add
		SUITE 204	<input checked="" type="checkbox"/> Remove
		FT LAUDERDALE, FL 33316	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32304  
 15 FEB 23 PM 5:52


16 FIB 29 09 30 02

16 FEB 29 PM 5:02

SECRET  
SL 14-00000

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

CHRISTOPHER J. GERTZ, ESQ.  
Typed or printed name of signee