

413000124648
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GILMAN CIOCIA INC.
Account Number : I2012000051
Phone : (305)937-7773
Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: steven.levy@gt-ox.com

2019 OCT 17 PM 3:55

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EZ 5506 SW 28TH TERR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 OCT 17 AM 4:0

FILED

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T. LEMIEUX

OCT 18 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

EZ 5506 SW 28TH TERR, LLC

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

2013 OCT 17 A 11:40

The Articles of Organization for this Limited Liability Company were filed on 09/04/2013

and assigned
TALLAHASSEE, FLORIDA

Florida document number L13000124648

This amendment is submitted to amend the following:

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

5506 SW 28, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 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>
AMBR	ZEVULONI, JOSEPH	10130 NW 47TH STREET	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

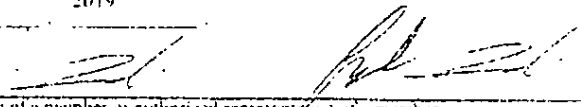
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Dated 10 17 2019



 Signature of a member or authorized representative of a member

ZEVULONI, JOSEPH

 Typed or printed name of signer

The undersigned hereby certifies that the foregoing is a true and correct copy of the original as filed with the Department of State on 10/17/2019.