L13000148506

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(Document Number)		
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Santa Barbara 230, 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:

Jonathan D. Beloff

Name of Person

Beloff Parker Jacobs, PLC

Firm/Company

1691 Michigan Avenue Suite 320

Address

Miami Beach, FL 33130

City/State and Zip Code

jdb@beloffparker.com

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

For further information concerning this matter, please call:

Jonathan D. Beloff

at (305) 673-1101

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

Santa Barbara 230, LLC			
(<u>Name of the Limited</u>	Liability Company as it now app Florida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited L	iability Company were filed on C	October 21, 2013 a	and assigned
Florida document number L13000148506			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company l	<u>aere</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Cor	npany," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		- ω
Enter new mailing address, if applicable:		世 と いっ	LE 29
(Mailing address MAY BE A POST OFFICE			₹ 0
induning marcos man partition of the		FLORIDA	23
B. If amending the registered agent and/ registered agent and/or the new registered o		n our records, enter the n	
			
Name of New Registered Agent:	Jonathan D. Beloff		
New Registered Office Address:	1691 Michigan Avenue		
		Enter Florida street address	
	Miami Beach	, Florida <u>3</u> 3139	<u> </u>
	City	$Z_{i_{l}}$	p Code
Mary Degistered Agent's Signature if changing	Degictored Agents		

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. Thereby confirm that the limited liability

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3 /

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>Name</u>	Address	Type of Action		
		Add		
		Remove		
		Add		
		Remove		
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		Remove		
		Remove		
		Add		
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	-	Kemove		
		Name Address		

D. If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
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October 28	
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Signatu	re of a member of authorized representative of a member
A FROM THE STATE OF THE STATE O	+ David Chaplin
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3
Filing Fee: \$25.00

FILED

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