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## **COVER LETTER**

	Registration So Division of Cor			
01115 112 V	Lake Wash	ington Square LLC		
SUBJEC	ı: <u></u>	ington Square LLC  Name of Lim	nited Liability Company	
		Amendment and fee(s) are sub		
		Jared Starr		
			Name of Person	
		RS LWS, LLC		
			Firm/Company	
		150 Grand Street - Suite 4	501	
			Address	<del></del>
		White Plains, NY 10601		
		jstarr@red-starr.com	City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
		· -	to be used for future annual report notifi	cation)
For furthe	r information c	oncerning this matter, please ca	all:	
Jeffrey Orlan			845 352-4540	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.00	9 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

Lake Washington Square LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on December 4, 2013	and assigned
Florida document number 1.43000167843		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- <del> </del>
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
		25.5 2.5 2.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		25. S. J.
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mgr	Suncap 1-LWS LLC	515 E. Las Olas Blvd., Ste 400	
		Fort Lauderdale, FL 33301	
			<b>□</b> Remove
			Change
Mgr	RS LWS, LLC	150 Grand Street – Suite 401	<b>=</b> Add
		White Plains, NY 10601	<del></del>
			□ Remove
			Change
			FACTO AGG
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<del></del>				<u> </u>
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Note: If the date inserted	han the date of filing:  date must be specific and cannot be pric in this block does not meet the appli on the Department of State's record	cable statutory filing requir	(optional) 90 days after filing.) Pur rements, this date will	suant to 605.020 not be listed a
	•			
If the record specifies a (b) The 90th day after	delayed effective date, but n the record is filed.	ot an effective time, a	at 12:01 a.m. on t	the earlier o
December Dated	2018			
' <del>'</del>				

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Filing Fee: \$25.00