

LL3000167850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

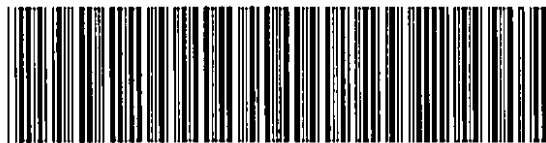
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
AUG 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LECANTO LDI 18, 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 A. Stok

Name of Person

Stok Folk + Kon

Firm/Company

18851 NE 29th Avenue, Suite 1005

Address

Aventura, FL 33180

City/State and Zip Code

service@stoklaw.com

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

For further information concerning this matter, please call:

Robert A. Stok

305 935-4440
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LECANTO LDI 18, 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 12/04/2013 and assigned
Florida document number L13000167850.

This amendment is submitted to amend the following:

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

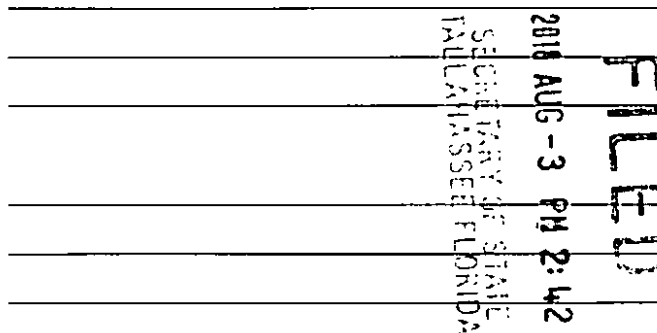
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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>
MGR	ALBERTO KAMHAZI	15801 BISCAYNE BLVD., SUITE	<input type="checkbox"/> Add
		N. MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2018 AUG -3 PM 2:42

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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 August 1, 2018

Signature of a member or authorized representative of a member


ALBERLO KAMHAZI
Typed or printed name of signee

AFFIDAVIT OF RESIGNATION ALBERTO KAMHAZI

STATE OF FLORIDA)
) SS
COUNTY OF MIAMI-DADE)

I, Alberto Kamhazi, hereby tender my resignation as manager and registered agent of LECANTO LDI 18, LLC (the "Company"). It is neither possible, reasonable nor practicable for me to serve as manager and registered agent of LECANTO LDI 18, LLC and I am not able to continue to do so. Please accept this notice of my resignation as manager and register agent immediately.

FURTHER AFFIANT SAYETH NAUGHT.



Alberto Kamhazi
Affiant

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TALLAHASSEE FLORIDA

SWORN TO and SUBSCRIBED before me this 1st day of August, 2018 by Alberto Kamhazi, who is personally known to me and who did take an oath.





NOTARY PUBLIC

[seal]