L13000170166

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06/25/19--01019--015 **25.00

JUL 11 2019 S. YOUNG



COVER LETTER

Division of Corp			
SUBJECT:	Eustis Pla	2a2 LLC	
		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Sam 1	Mark Name of Person	
		Name of Person	
	Eush's P	laza 2 LLC Firm/Company	
		Firm/Company	
	250 No Ro	bertson Blvch	#511
	Bovortu	City/State and Zip Code O a map corporate obe used for future annual report notifica	10211
		City/State and Zip Code	
	Arimark	@ aimcapcorp	3 COM
	E-mail address: (t	o be used for future annual report notifica	tion)
For further information con	cerning this matter, please ca	dl:	
Ari Ma	rk	at (310) 714 Area Code Daytime To	2600
Name of F	Person	Area Code Daytime To	dephone Number
Enclosed is a check for the	following amount:		
1	□ \$30.00 Filing Fee &	S55.00 Filing Fee &	□ S60.00 Filing Fee.
C same imp	Certificate of Status	Certified Copy (additional copy is enclosed)	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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12/9/2013 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L13000170166</u>. 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 6 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being ador removed from our records:					
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	SAM MARK				
			□ Remove		
			□ Remove		
			☐ Change		
					
			□ Remove		
			Change		
			□ Remove		
			Change		
			Add		
			☐ Remove		
			Change		
					
			Remove		
			□ Change		

_	Change OF title For Sam Mark. Title
_	Change OF title For Sam Marks Title Should Be changed to Manager
_	<u> </u>
_	
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(If an effec Note: It	we date, if other than the date of filing:
he reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	Deul,
	Signature of a member or authorized representative of a member Ari Mark Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00