13000173910

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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2015 DEC -7 PH 1: 29

K.SALY EXAMINER DEC - 9 2015

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	FL 2518 LI	.c		
30001		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Climon Stevenson		
			Name of Person	
			Firm/Company	
		1600 SE 15th Street, Apt. 4	412	
			Address	
		Fort Lauderdale, FL 33316	;	
			City/State and Zip Code	
		clintstevenson6@gmail.com E-mail address: (1	n to be used for future annual report notifi	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Clinto	n Stevenson		954 882-4920 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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
266! Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILED 2015 DEC-7 PM 1:29 MILAHASSFE FLORID:

FL 2518 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 L	iability Company	were filed on 12/17/20	and assigned		
Florida document number L13000173910					
This amendment is submitted to amend the follow	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liahi	lity Company " the designs	tion "I I C" or the abbreviation "I I C"		
•		•			
		"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." : 1600 SE 15th Street DDRESS) Apt. 412 Fort Lauderdale, FL 33316 1600 SE 15th Street Apt. 412 Fort Lauderdale, FL 33316 registered office address on our records, enter the name of the new address here: Clinton Stevenson 600 SE 15th Street, Apt. 412 Enter Florida street address ort Lauderdale , Florida 33516 City Tip Code			
	<u> 1 ADDRESS)</u>		33316		
Enter new mailing address, if applicable:		1600 SE 15th Street			
• • • • • • • • • • • • • • • • • • • •		Apt. 412			
	<u></u>	Fort Lauderdale, FL 33316			
Name of New Registered Agent:	Clinton Steven	son			
New Registered Office Address:					
	Fort Lauderdal		, Florida 33516		
W B 1. 14 16 1 1 1 1 1		•	Zip Code		
New Registered Agent's Signature, if changing I	<u> </u>	-			
I hereby accept the appointment as registere	ed agent and agr		city. I further agree to comply with the luties, and I am familiar with and		

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>	Address	Type of Action
MGR	Frank Kend	626 NE 4th Court	□ Add
		Hallandale Beach, FL 33009	■ Remove
			☐ Change
MGR	Clinton Stevenson	1600 SE 15th Street, Apt. 412	
		Fort Lauderdale, FL 33316	Remove
			Charge
			Add 1
			Remove P
			Change 29
	·		☐ Add
			Remove
			Change
			□ Remove
			□ Change
			☐ Remove
			☐ Change

									
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PPs sations	3-4- 56 -41.	41 41 - 1-4						. D	
an effecti ote: If t	date, if other we date is listed, the the date inserted t's effective date	e date must be s in this block of	pecific and car loes not mee	t the applical	o date of filing ole statutory	or more than 9 filing require	(options days after fili ments, this da	ng.) Pursuant to	605.0207 (3)(isted as the
	d specifies a Oth day after			e, but not	an effectiv	ve time, at	12:01 a.m	n. on the ea	rlier of:
ated	11/13/1	5			_·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00