113000174599

(Requ	uestor's Name)	
(Addr	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
·	·	·
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
		ì

Office Use Only



300257177593

03/21/14--01006--001 **25.00

MAR 2.4 ZOIL

T CLINE

014 MAR 21 EK 12: 34 SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

1336 Blue Ribbon Properties, 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:

Steven Bader

Name of Person

1336 Blue Ribbon Properties, LLC

Firm/Company

265 NE 2nd Ave

Address

Delray Beach, FL 33444

City/State and Zip Code

drsteve24@comcast.net

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

For further information concerning this matter, please call:

Steven Bader

561 305-2333

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

1336 Blue Ribbon Properties, LL		
(<u>Name of the Limited Liabi</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 12/18/2013	and assigned
Florida document number L13000174599	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADD</u>	RESS)	
		7.5 2
Enter new mailing address, if applicable:		3 3 3 3 3 3 3 3 3 3
(Mailing address MAY BE A POST OFFICE BOX)		802 2
Training dataress mill be ATOST OTFICE POA		एड न ।
	-	
B. If amending the registered agent and/or regi		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

* C

<u>Title</u>	Name	Address	Type of Action
MGR	Hallie Bader	PO Box 810123	🗆 Add
		Boca Raton, FL 33481	■ Remove
AMBR	Hallie Bader	PO Box 810123	■ Add
		Boca Raton, FL 33481	□ Remove
			2014 MR 21 FW 12: 34 SECRE 14 SECTIFICATION Add Add
			□ Remove
			□ Add
			□ Remove
			Add
			□ Remove

	reg. Š
,	##1** <u>*</u>
-	[
ļ.	
; ;	

		., .				
						
he date this	document is filed b	an the date of it fic, cannot be prior by the Florida Depa	filing:to date of receipt our trument of State)	or filed date and can	not be more than 90 c	optional) lays after
ated M	arch 19			<u>. </u>		
-		Signature	of a member or a	uthorized representa	tive of a member	

Page 3 of 3

Filing Fee: \$25.00