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JUN 16 2014

J. Santos JUN 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOFT 954 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:

Christopher HEDLUND
Name of Person

LOFT 954 LLC
Firm/Company

434 NW 1ST AVE APT 304
Address

FORT LAUDERDALE FL 33301
City/State and Zip Code

Christopher.Hedlund@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Kornreich at (904) 336-3010
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

**TO
ARTICLES OF ORGANIZATION
OF**

LOFT 954 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 1/24/2014 and assigned Florida document number L14000013555

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with 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)

Christopher Hedlund.
434 NW 1ST AVE APT 304
FORT LAUDERDALE FL 33301

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:

Sara Kornreich Kornreich.

New Registered Office Address:

434 NW 1ST AVE APT 304

Enter Florida street address

FORT LAUDERDALE

City

Florida

33301.

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.

Sara Kornreich
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member 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	Sara Kornreich	434 NW 1ST AVE APT 302	<input type="checkbox"/> Add
		FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Remove
MGR	Christopher Hedlund	434 NW 1ST AVE APT 304	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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MAY 15 2014
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/26/2014 , _____

Signature of a member or authorized representative of a member
~~Sara Kornreich~~ Christopher Hedlund

Typed or printed name of signer

FILED
MAR 16 2014
CLERK OF CIRCUIT COURT
JULIA A. HARRIS