

L14 0000 31429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

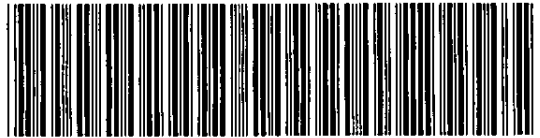
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900288302159

07/26/16--01031--006 **25.00

2016 JUL 25 AM 11:24
TALLAHASSEE, FLORIDA

FILED

S Warren
JUL 26 2016

2016 JUL 25 P 2:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 239 WHITE STREET 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:

KRISTIN M. SMYKLO

Name of Person

DAY PITNEY/CHAPIN BALLERANO & CHESLACK

Firm/Company

1201 GEORGE BUSH BLVD

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

KSMYKLO@DAYPITNEY.COM

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

For further information concerning this matter, please call:

KRISTIN M. SMYKLO

561 537-4933

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

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

239 WHITE STREET 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 FEBRUARY 24, 2014 and assigned
Florida document number L14000031429.

This amendment is submitted to amend the following:

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

410 OX PASTURE LLC

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)

C/O BRANDON REID, BESSEMER TRUST

222 ROYAL PALM WAY

PALM BEACH, FLORIDA 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O BRANDON REID, BESSEMER TRUST

222 ROYAL PALM WAY

PALM BEACH, FLORIDA 33480

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:

BESSEMER TRUST COMPANY OF FLORIDA

New Registered Office Address:

222 ROYAL PALM WAY

Enter Florida street address

PALM BEACH

, Florida 33480

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 JUL 25 PM 2:12
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

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

7-22-10

7-22-11,
Z. H. Chong
Signature of a member or authorized

Signature of a member or authorized representative of a member

BRIAN G. CHESLACK, ESQ., authorized representative for member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
JAN 25 P 2:12
CLERK OF STATE
TREASURY OF FLORIDA