

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000191070 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARCELL FELIPE, P.A.

Account Number : I20110000064 Phone : (305)381-8500 : (305)381-6225 Fax Number

Enter the email address for this business entity to be used for future" annual report mailings. Enter only one email address please.

Email Address: nwnoz @ mcrcall folipa

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALDORF INVESTS FLORIDA LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

8/7/2015

W. Culliagn



August 7, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

MARCELL FELIPE PA

SUBJECT: WALDORF INVESTS FLORIDA LLC

REF: L14000040028

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000190837 Letter Number: 115A00016628

15 AUG -7 AM 9: 58
SECRETARY OF STATE
TALLAHASSEE, FLORING

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED W 10003

New Registered Office Address:	Marcell Felipe P.A. 1001 Brickell Bay Drive #1800	0 Florida street address , Florida ³³¹³¹ Zip Code
egistered agent and/or the new registered of New Registered Agent:	Marcell Felipe P.A. 1001 Brickell Bay Drive #1800	
egistered agent and/or the new registered of New Registered Agent:	office address here: Marcell Felipe P.A.	0
egistered agent and/or the new registered (office address here:	
If amending the registered agent and		
	d/or registered office address	on our records, enter the pame of t
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX</u>	
Cuter new mailing address, if applicable:		
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new principal offices address, if appli	cable:	
ne new name must be distinguishable and contain the	words "Limited Liability Company," th	ie designation "LLC" or the abbreviation "L.L.C."
_		
If amending name, ente <u>r the new name</u> o	of the limited liability company	here:
his amendment is submitted to amend the fol	llowing:	
lorida document number L14000040028	•	
ne wincles of Organization for this fitting f	Liability Company were filed on	03/10/2014 and assigned
he Articles of Organization for this I imited I		
	ited Liability Company as it now app (A Florida Limited Liability Compan)	у)

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

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MGR = Manager

☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> □ Add ☐ Remove □ Change □ Remove _□ Change □ Add □ Remove _□ Change ☐ Remove _□ Change □ Add Remove ☐ Change _□ Add _□ Remove

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E. Effective date, if other than the (If so effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	ock does not meet the applicable state	(optional) filing or more than 90 days after filing.)) utory filing requirements, this date w	Pursuant to 605,0207 (3Xb) ill not be listed as the
	l effective date, but not an eff	fective time, at 12:01 a.m. o	n the earlier of:
If the record specifies a delayed (b) The 90th day after the record	ora is filea.		

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