## 1400004334

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B. BOSTICK
MAR 1 9 2014

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## **COVER LETTER**

Division of Co	rporations			
SUBJECT:	6164 NW 2	OTH COURT, LLC		
SUBJECT,	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		TUVAL MOR		
		Name of Person		•
	616	4 NW 20TH COUR	Γ, LLC	
		Firm/Company		
	45	81 WESTON ROAL	D #222	
		Address		
	WE	ESTON, FL. US 333	31	<u></u>
		City/State and Zip Code		
	E-mail address: (	valmor@hotmail.com to be used for future annual re	n eport notification)	
For further information of	concerning this matter, please ca	all:		o o o o o o o o o o o o o o o o o o o
Tuval	Mor	at (	646-342-1757	
	of Person	Area Code	Daytime Telephone Number	- U
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Osed) Certified	te of Status &

MAILING ADDRESS:

TO:

**Registration Section** 

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

## 6164 NW 20th COURT, LLC

(Name of the Limited Liability Compa- (A Florida Limited L	<b>ny as it now appea</b> Liability Company)	irs on our records.)			
The Articles of Organization for this Limited Liability Company  Florida document numberL14000042334	were filed on	March 12, 20	014	and as	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company h	<u>ere</u> :			
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the	e designation "LLC"	or the abbre	viation '	L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:			<b>~</b>	2014 ::	·
(Mailing address MAY BE A POST OFFICE BOX)	-	<u> </u>	· ·		
imating tataless MAT BE AT OST OTTICE BOX				<del></del>	. 71 8 )
			3	رَا	-ij
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		n our records,	enter-the	name	of the nev
Name of New Registered Agent:			<u>-</u> -		
New Registered Office Address:					
	Enter Florida street address				
	City		2	Zip Code	?
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance o provided for in	f my duties, and Chapter 605, F.	I am fami S. Or, if th	liar w nis doc	ith and cument is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** TOM EVENTAL MGR \_ Add \_💢 Remove □ Add □ Remove □ Add \_□ Remove □ Remove Remove □ Add \_\_ 🗆 Remove

If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	f other than the date of filing: (optional) nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after nent is filed by the Florida Department of State)
Dated	March 17, 2014 .
	Tural Moss
	Signature of a member or authorized epresentative of a member
	TUVAL MOR, MANAGING MEMBER
	Typed or printed name of signee

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Filing Fee: \$25.00