

14000059407

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000128967 3)))



H140001289673ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE ALHADEFF LAW GROUP, P.L.
Account Number : 120130000097
Phone : (786) 618-9703
Fax Number : (786) 350-1826

FILED
14 JUN -3 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
955 WASHINGTON HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

RECEIVED
14 JUN -3 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTERTO: Registration Section
Division of Corporations

(((H14000128967 3)))

SUBJECT: Q55 Washington Holdings, 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:

Mark Alhadeff
Name of PersonThe Alhadeff Law Group, P.L.
Firm/Company3050 Biscayne Blvd, PH 1
AddressMiami, Florida 33137
City/State and Zip Codemark@alhadefflaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Alhadeff at (786) 418-9703
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
Chifon Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H14000128967 3)))

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

(((H14000128967 3)))

955 Washington Holdings 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 04/10/14 and assigned Florida document number L14000059407

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
14 JUN -3 PM 3:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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

Page 1 of 3

(((H14000128967 3)))

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

((H14000128967 3)))

Title	Name	Address	Type of Action
<u>P</u>	<u>Michael Carbin</u>	<u>10595 Waverly Lane</u> <u>Lake Worth, FL 33467</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>Donna Benamoz</u>	<u>6860 Queenferry Circle</u> <u>Boca Raton, FL 33496</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	^G <u>Richard D' Hare</u>	<u>320 Sugar Camp Road</u> <u>Venetia, PA 15367</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	^G <u>Marisa Malbust</u>	<u>5225 Collins Avenue</u> <u>Apt. 1801</u> <u>Miami Beach, FL 33140</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

(((H14000128967 3)))

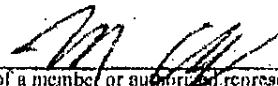
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary, ...)*

410-5444612

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 6/2 . 14


Signature of a member or authorized representative of a member

Mark Alhadeff attorney-in-fact
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

(((H14000128967 3)))