## L1400011111

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CT Corporation Sys	tem 515 E Par	k Avenue, Tallahassee, FL, 32301	850-205-8842
935 2ND STREET, LLC	L14000111171		
() Nonprofit	() Amendment	() Merger	
()Domestic Corporation		()	
(Domestic Corporation	() Dissolution/Withdrawal	() Mark	
() Limited Partnership	() Reinstatement	()	
(X) LLC	() Annual Report	() Other	
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	(	COVER LETTER	
TO: Registration Sc Division of Cor			
935	2ND STREET		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter (	to the following:	
	TROY IPPO	DLITO	
		Name of Person	
	935 2ND S	TREET LLC	
		Firm/Company	
	23 NW 8TH	IAVENUE	
	·	Address	
	HALLANDA	LE BEACH, FL 33009	
		City/State and Zip Code	· Aco N
		IDDESIGNBUILD.COM	2014 SECRE FARM
		o be used for future annual report notification)	
	oncerning this matter, please ca	JI:	SSEC 18
TROY IPP	OLITO	<u>954, 4586075</u>	
Name o	f Person	Area Code Duytime Telephone Number	Triorio
			NUE 20
Enclosed is a check for th	ne following amount:		••• ••
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Cop (additional copy	f Status & 19
Registr Divisio P.O. Be	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Talluhassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

935 2ND 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 07/15/2014 and assigned Florida document number L14000111171

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 Liabil	ity 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)	
	0 mQ

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:

	, Florida
New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	

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, Sinnature of New Revistered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> Authorized Member being added or removed from our records:

## MGR = Munager AMBR = Authorized Member

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<u>Title</u> MGR	Name TROY IPPOLITO	Address 23 NW 8TH AVE	<u>Type of Action</u>
		HALLANDALE BEAC	
		FL, 33009	-
MGR	935 SOBE LLC	23 NW 8TH AVENU	
		HALLANDALE BEAC	H SERVET
		FL, 33009	AR 18
MGR	ROGER E REX	3900 NW 126TH AVE	
		CORAL SPRINGS	
		FL, 33065	
MGR	BLUEWATER RESIDENTIAL INC	3900 NW 126TH AVE	
		CORAL SPRINGS	O Remove
		FL, 33065	
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## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the dute of fillng: \_\_\_\_\_\_ (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) (optional) Dated SEPTEMBER 17 2 4 Signature of a member or authorized representative of a member TROY IPPOLITO Typed or printed name of signee

2014 SEP 18 PH D: 20 SECRETARY OF STATE MLLAHASSEE, FLORIDA

Kana Filor Angele Berg S Angele Angel

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Filing Fee: \$25.00