

L14000113748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

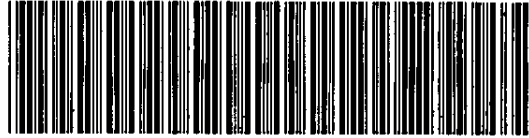
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 APR 18 P 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 19 2016
D. BRUCE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: CANE ISLAND 192, 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:

Stephen M. Stone, Esquire
Name of Person
Law Offices of Stephen M. Stone
Firm/Company
725 North Magnolia Avenue
Address
Orlando, Florida 32803
City/State and Zip Code
smstonelaw@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen M. Stone, Esquire at 407 423-7910
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" 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

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TALLAHASSEE, FLORIDA

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

CANE ISLAND 192, 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 July 18, 2014 and assigned
Florida document number L14000113748.

This amendment is submitted to amend the following:

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

1000 VINE ST. PARTNERS, 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

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TALLAHASSEE, FLORIDA

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>
MGR	NANDU, ARVIND	11007 Kentmere Court	<input checked="" type="checkbox"/> Add
		Windermere, Florida 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OHRI, KULDIP SINGH	c/o 11007 Kentmere Court	<input checked="" type="checkbox"/> Add
		Windermere, Florida 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NANDU, ARVIND	725 North Magnolia Avenue	<input type="checkbox"/> Add
		Orlando, Florida 32803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	OHRI, KULDIP SINGH	725 North Magnolia Avenue	<input type="checkbox"/> Add
		Orlando, Florida 32803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2018 APR 18 12:08 PM
TALLAHASSEE, FLORIDA
CLERK OF COURT

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

2016 APR 18 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 2
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