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(Req	uestor's Name)	
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COVER LETTER

	egistration Se- ivision of Cor			
SUBJECT	. 3442 Wilsh	ire LLC		
obside i	•	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		Brian M. Kracht, Esq.		
			Name of Person	
		Kracht Law Firm, P.A.		
			Firm/Company	
		230 South New York Aver	nue, Suite 101	
			Address	
		Winter Park, Florida 3278	9	
		bkracht@krachtlawfirm.com		
•• • •	٠		to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please c	ai);	
Brian M. F	Cracht, Esq.		407 966-45554 at ()	
-	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3442 Wilshire LLC		
(<u>Name of the Limited Liability</u> (A Florida E	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number 1.14000116885	mpany were filed on July 24, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
		18
		SEP CAL
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		er the name of thezitem
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	P21 - 4.4	
	, Florida	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rafael Reyes	230 S. New York Ave., Ste 101 Winter Park, FL 32789	Add
			Remove
			☐ Change
MGR	Ana V. Caravias		
		230 S. New York Ave., Ste 101 Winter Park, FL 32789	■ Remove
			Change
			□ Remove
			☐ Change
			Add
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			☐ Change

	
	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to dee: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	(optional) late of filing or more than 90 days after filing (Pursuant to 605.0) statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not a he 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier
September 10 2018	
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Filing Fee: \$25.00