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COVER LETTER

то:	Registration Se Division of Cor				
CHRIC		1826 Holding, LLC			
SUBJE	.CI:	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	eturn all correspo	ondence concerning this matter	to the following:		
		Marc Schmulian			
			Name of Person		
		Downtown 1826 Holding.	LLC		
			Firm/Company		
		18851 NE 29th Ave. Suite	1011		
			Address		
		Aventura, FL 33180			
		City/State and Zip Code			
		ab@s2development.com			
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information c	concerning this matter, please ca	all:		
Marc S	chmulian		305 935-5050 at ()		
• •	Name o	of Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for the	he following amount:			
\$25	0.00 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

Downtown 1826 Holding, LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited I Florida document number L14000117240	.iability Company	were filed on <u>07/25/201</u>	4 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		18851 NE 29th Ave, S	uite 1011
		Aventura, FL 33180	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of		JUL 24 A
Name of New Registered Agent:	Marc Schmulia	n	
New Registered Office Address:	18851 NE 29th	Ave. Suite 1011 Enter Florida stre	et address
	Aventura	eratt 1 torital Sirt	, 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

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>	Name	Address	Type of Action
Mgr	S2 Development, LLC	18851 NE 29th Ave, Suite 1011	■ Add
		Aventura, FL 33180	Remove
		-	☐ Change
Mgr	Downtown 5665 Management LLC	2950 SW 27 Ave #320	Add
		Miami, FL 33133	
			Change
Mgr	Downtown 1826 Manager, LLC	18660 Collins Ave. Ste 107	□ Add
		Sunny Isles, FL 33160	Remove
			Change
			Add
			Response
····			Remove
			☐ Change
			Add
			Remove
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ective date, if other than the	07/20/2017	f*	IV	
effective date is listed, the date mus	be specific and cannot be prior to date of	filing or more than 90 days after		
e: If the date inserted in this blo ument's effective date on the De	ock does not meet the applicable statu epartment of State's records.	tory filing requirements, thi	s date will not be li	isted
	effective date, but not an effe	ective time, at 12:01	a.m. on the ear	rlier
he 90th day after the reco	ord is filed.			
ed Huly 20	2017			
ed	· · · · · · · · · · · · · · · · · · ·			
Sond	Signature of a member or authorized repr			

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Filing Fee: \$25.00