

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000222502 3)))



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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 741 WILLOW GROVE, LLC

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K. SALY EXAMINER

SEP 2 3 2014

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Corporate Filing Menu

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09/22/2014 16:03

INC A1

## (((H14000222502 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



741 Willow Grove, LLC		17471
	ility Company as it now appears on our records.) da Limited Liebility Company)	<del></del>
he Articles of Organization for this Limited Liability	Company were filed on August 13, 2014	and assigned
orida document number L14000127253	<del></del> ,	·
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited Hability company here:	
020 Ripley, LLC		
e new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the	bbrevistion "L.L.C."
nter new principal offices address, if applicable:		
rincinal office address MUST BE A STREET ADD	ORECS)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable;		
failing address MAY BE A POST OFFICE BOX)		· <del></del>
Desired dealers (page Day)		<del></del>
If amending the registered agent and/or reg	ictorad office address on our moords anter	the same of the
gistered agent and/or the new registered office ad		the name of the
Name of New Registered Agent:		
New Registered Office Address:	Free Florida arrest addes	
	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 Apent

Page 1 of 3

718-888-8559

(((H14000222502 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:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ ∧dd
			☐ Remove
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			□ radd  Color Refrieve
			Remove 22
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			□ Add
			Romove

	change(s) here: (Attach additional sh	eets, if necessary.)
ective date, if other than the date of fill effective date must be specific, cannot be prior to date this document is filed by the Florida Departm	date of receipt on filed date and cannot be more	(optional) dian 90 days after
September 15	2014	
	-,	
Pla		
Pla	a member or authorized representative of a me	mber
Pla	A support of the supp	mhar

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Filing Fee: \$25.00