

L14000158571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

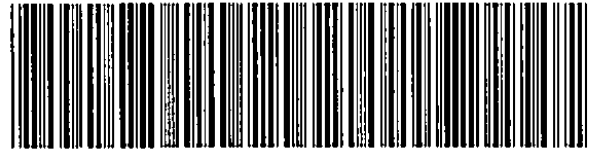
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AUG 06 2020

2020 JUN 22 PM 2:56

Handwritten signature

TO: Registration Section
Division of Corporations
163 NW 11 STREET

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Kahn

Name of Person

Robert O. Kahn, P.A.

Firm Company

4522 Sheridan Ave

Address

Miami Beach, FL 33140

City/State and Zip Code

office@goodearthproperty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Kahn

786

282-4806

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

163 NW 11 ST 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 10/10/2014 and assigned
Florida document number L14000158571.

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 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)

14831 NW 7th Avenue

Miami, FL 33168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14831 NW 7th Avenue

Miami, FL 33168

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:

14831 NW 7th Avenue

Enter Florida street address

Miami

City

Florida

33168

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 all 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Josephine Bailey	401 401 E Las Olas Blvd	<input type="checkbox"/> Add
		Suite 130-521	<input checked="" type="checkbox"/> Remove
		Ft Lauderdale, FL 33301	<input type="checkbox"/> Change
AMBR	Josephine Bailey	401 E Las Olas Blvd	<input checked="" type="checkbox"/> Add
		Suite 130-521	<input type="checkbox"/> Remove
		Ft Lauderdale, FL 33301	<input type="checkbox"/> Change
MGR	WILLIAM D. BAILEY, JR.	14831 NW 7th Avenue	<input type="checkbox"/> Add
		Miami, FL 33168	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BRETT T. BAILEY	14831 NW 7th Avenue	<input type="checkbox"/> Add
		Miami, FL 33168	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


[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.

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Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00