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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ABOUKIR	1799 LLC		
		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
		Jeffrey C Weinstein		
			Name of Person	
		Mittenthal Weinstein LLP		
			Firm/Company	
		3100 S Federal Highway, S	Suite B	
			Address	
		Delray Beach, FL 33483		
•			City/State and Zip Code	
		weinstein@mw-attorneys.co		
		E-mail address: (to be used for future annual report no	otification)
For fur	ther information c	oncerning this matter, please ca	all:	
Jeffrey	C Weinstein		561 862 0955 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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

ABOUKIR1799 LLC			
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on ou ed Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compa Florida document number L14000159685	any were filed on October 1	3, 2014	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and contain the words "Limited L.	iability Company," the designati	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	,	15
		<u> </u>	
			සි
Enter new mailing address, if applicable:		ί. !	-
Mailing address MAY BE A POST OFFICE BOX)			2
Transition water Conversal Desire Conversal Co	 .	<u>. </u>	<u>ښ</u>
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et 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

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

Title	<u>Name</u>	Address	Type of Action
MGR	Sparing Partners 2 Inc	33 SE 4th Street, Suite 100	= Add
-		Boca Raton, FL 33432	
			Remove
			Change
			Remove
			Change
·			
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change

. 11 at	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	<u> </u>
	
(If an Not e	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ne 90th day after the record is filed.
Date	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Philippe Court Typed or fighted name of signee

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