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K.SALY EXAMINER EEB 23

## **COVER LETTER**

אוע	vision of Corj	porations		
、 SUBJECT:	940 Stillwat	er, LLC	*	
Sebseci.		Name of Limi	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing	
	•			
Please return	n all correspor	ndence concerning this matter	to the following:	
		Alicia Smith		
			Name of Person	
		940 Stillwater, LLC		
			Firm/Company	
		7930 Biscayne Point Circle		
			Address	
		Miami Beach, Florida 3314	41	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	ation)
For further	information co	oncerning this matter, please ca	all:	
Alicia Smit	h		305 868-5746 at ( )	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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:

TO:

**Registration Section** 

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

FILE
2016 FEB 15
SECRE A SECRESTALE
S.) THASSEE, ESTAVE

940 Stillwater, LLC

(A Florid	la Limited Liability Company)	ASSEF. FLORID
The Articles of Organization for this Limited Liability (	Company were filed on November 3, 2014	and assigned
Florida document number L14000170732	<u></u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		,
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regi		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	Zip Code
	•	Zip Coae
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c	t and agree to act in this capacity. I further complete performance of my duties, and L	agree to comply with and
accept the obligations of my position as registered a	agent as provided for in Chapter 605, F.S.	Or, if this document i
peing filed to merely reflect a change in the register		

being filed to merely reflect a change in the registered office additionable 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>	<b>Type of Action</b>
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		Miami Beach, FL 33141	■ Remove
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ive date if other than the	date of filing: February 12, 2016	(ontional)	
ective date is listed, the date mus	t be specific and cannot be prior to date	of filing or more than 90 days after filing.) Pursua	int to 605
ent's effective date on the De		atutory filing requirements, this date will no	t de iist
ord specifies a delayed	effective date, but not an	effective time, at 12:01 a.m. on the	e earli
90th day after the rec	ord is filed.		
February 12	2016		
2014	en Sail		

Page 3 of 3

Filing Fee: \$25.00