14000188280

(Re	questor's Name)	
——————————————————————————————————————	dress)	
	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



800303609548

09/29/17--01021--001 **100.00

2011 SEP 25 AN IN 514



Y SUI KE'F

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

DATE 9-29-17

DOCUMENT	NUMBER (Karen Triad)
\ /	**PLEASE FILE THE ATTACHED AND RETURN**
<u>X</u>	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certificate of Good Standing
	**APOSTILLE' / NOTARIAL CERTIFICATION **
	COUNTRY OF DESTINATION
	NUMBER OF CERTIFICATES REQUESTED

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

	tegistration Sec Division of Corp			
	17550 COLI	LINS AVENUE LLC		
SUBJECT	l:	Name of Limi	ted Liability Company	
The enclos	sed Articles of 7	Amendment and fee(s) are suba	nitted for filing.	
Please reti	arn all correspor	idence concerning this matter t	o the following:	
		Karen T. Rodriguez		
			Name of Person	
		Triad Professional Services		
			Firm/Company	
		1720 Windward Concourse	. S. 390	
			Address	
		Alphareita, GA 30005		
			City/State and Zip Code	
		E-mail address (t	o be used for future annual report notifica	tion)
For furthe	information co	oncerning this matter, please ca	II:	
Karen T.	Rodriguez		770 777-2091	
	Name of	Person	at ()Area Code ——Daytime To	olephone Number
Enclosed	is a check for th	e following amount:		
S25.0	0 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

17550 COLLINS AVENUE, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	grands.)
The Articles of Organization for this Limited Liability Company Florida document number L14000188280	were filed on 12/09/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Tity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		··· <u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>: S</u>
B. If amending the registered agent and/or registered o		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our rec re:	
	_	AH I
Name of New Registered Agent:		
		~
New Registered Office Address:	Enter Florida street a	nidress
		_, Florida
•	City	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person-being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Verzasca Management, LLC	1135 Kane Concourse, 6th Floor	
		Bay Harbor Islands, FL 33154	□ Remove
			□ Change
			Cl Add
			□ Remove
			□ Change
			<u>.</u>
			☐ Remove
			Change S
			☐ Remove
		<u></u>	☐ Change
			□ Add
			□ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change

				<u> </u>		
		,.				
						
					• • • • • • • • • • • • • • • • • • • •	
			 			
						77
						0 T
***************************************					\$5.7	###
				· · · · · · · · · · · · · · · · · · ·		X
<u> </u>						— ;
					7.7	. 4.5
						
ective date, if other than the d reflective date is listed, the date must b	ate of filing:	unnut be prior t	n dath of filling o	e more than 90 day	(optional) es after filing.) Purso	must to 605-025
te: If the date inscried in this bloc	rk does not me	et the applica	ble statutory f	lling requiremen	ts, this date will n	ot be listed a
rument's effective date on the Dep	partment of Sta	ite's records.				
					0.4	
record specifies a delayed The 90th day after the reco	effective da rd is filed.	te, but not	an effectiv	e time, at 12	:01 a.m. on tr	ne earmer
the soull day after the reco	4 (5 (7)					
September 29 red		2017				
eu	·	7	_ •			
	LHV	,				
	ignature of a me					

Page 3 of 3

Filing Fee: \$25.00