1400196200

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COVER LETTER

TÒ:	Registration Se Division of Cor					
erio iii	Illum LLC					
SUBJEA	CT:Name of Limited Liability Company					
		Amendment and fee(s) are sub				
Please re	eturn all correspo	indence concerning this matter	to the following:			
		Carlos Alamo				
			Name of Person	· ···		
		Abodee LLC				
			Firm/Company	··•		
		1430 S Dixie Hwy Ste 317	7			
			Address			
		Coral Gables FL 33146				
			City/State and Zip Code			
		calamo@apsidesmgt.com		က္က ယ		
Ear fuerl	har information o	n-mail address: (oncerning this matter, please c	to be used for future annual report	notification) —-		
		oncerning one matter, prease es				
Carlos z				time Telephone Number		
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed	d 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)		
	Registr Divisio	ING ADDRESS: ation Section or of Corporations ox 6327	STREET/COU Registration Se Division of Con Clifton Buildin	porations		

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Illum LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	ras it now appears on our ibility Company)	records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L14000196200</u> .	rere filed on 12/29/2014	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designation	n "LLC" or the abbreviation "L.L.C	<u></u>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		3	
Enter new mailing address, if applicable:		=	
(Mailing address MAY BE A POST OFFICE BOX)		J	
	<u></u>	<u> </u>	
B. If amending the registered agent and/or registered office address here:		ecords, <u>enter the name of</u>	the nev
Name of New Registered Agent:	 -		
New Registered Office Address:			
	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 provisions of all statutes relative to the proper and complete p	to act in this capacit erformance of my dut	y. I further agree to comply ies, and I am familiar with	with the
accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ovided for in Chapter	605, F.S. Or, if this docum	ent is

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>	Address	Type of Action
MGR	Apsides LLC	1430 S. DIXIE HIGHWAY, SUITE 317	
		CORAL GABLES, FL 33146	_
			■ Remove
		• • • • • •	☐ Change
MGR	Abodee LLC	1430 S. DIXIE HIGHWAY. SUITE 317	■ Add
		CORAL GABLES, FL 33146	
			□ Remove
			Change
			Add
			☐ Remove
			□.Change
			Remove
			J Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change

		
		
		
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ffective date, if other than the	date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605
Note: If the date inserted in this blo locument's effective date on the De	ock does not meet the applicable statute	ory filing requirements, this date will not be liste
e record specifies a delayed The 90th day after the reco		ctive time, at 12:01 a.m. on the earlie
September 12	2018	
1	DHAMMA	

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Typed or printed name of signee

Filing Fee: \$25.00