115000008899

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500268723205

01/29/15--01915--017 **25.00

15 JAN 29 PM 1:20

SECRET OF STATE
ALLANASSEE PHORIDA

FEB - 6 2015

T. BROWN



COVER LETTER

TO: Registration Section Division of Corporation	ion prations	
	erside Drive LLC	
SUBJECT: Name of Limited Liability Company		
•		
The enclosed Articles of Am	mendment and fee(s) are submitted for filing.	
Please return all corresponde	dence concerning this matter to the following:	
•	David Russell	
	Name of Person	
	Figure Comments	
	Firm/Company	
•	534 Delaware Ave	
	Address	
	Buffalo NY 14202	
	City/State and Zip Code	
- -	druss1961@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information conc	cerning this matter, please call:	
David Russell	716 491-2099	
Name of Pe		
Enclosed is a check for the fo	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 & Certified Copy (additional copy is	Status &

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**

ARTICLES	OF AMENDMENT	r records.) y 15th 2015 and assigned
. ,	TO	፟.
ARTICLES (OF ORGANIZATION	15
	OF	AND SIN
		ALLON PL
626 N Riverside Drive LLC		Allaston Alia
(Name of the Limited Liability	Company as it now appears on ou imited Liability Company)	ir records.)
		CORIC
The Articles of Organization for this Limited Liability Cor	npany were filed on Januar	y 15th 2015 and assigned
Florida document number L15000008899		•
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
g		
The new name must be distinguishable and end with the words "Limit	ed Liability Company " the designs	ation "LLC" or the abbreviation "LLC"
·	ed blubinty company, the designe	nion ble of the abbreviation bible.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
_		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Muning dauress MAT BEAT OST OFFICE BOAT		***
B. If amending the registered agent and/or register	red office address on our	records enter the name of the ne
registered agent and/or the new registered office address		enter the name or the ne

Name of New Registered Agent:		
Maine of from Registered Figure.		
New Registered Office Address:	F	
	Enter Florida stre	ei aaaress
		, Florida
	City	7in 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ambr	Kathleen Hargaden	120 Pine St	■ Add
		Cliffton Park, NJ, 07010	☐ Remove
		k	
			Add
			□ Remove
			Add
			Remove
		-	
			□ Remove
			_
			Remove
		<u></u>	☐ Remove

. It amending any other information, enter that	nge(s) nere: (Attach daantonal sheets, if hecessary.)
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after
Dated January 28th	2015
Call / Signature of me	mber or authorized representative of a member
David L Russell	milet of authorized representative of a member
Tv	voed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00