L150000 30063

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

Office Use Only



200324057792

02/04/19--01037--005 **25.00

FEB 0 9 2019 S. YOUNG

COVER LETTER

| TO: Registration Division of | n Section Corporations |
|------------------------------|---|
| | -JEAN-D'ACRE LLC |
| SUBJECT: | Name of Limited Liability Company |
| | |
| • | s of Amendment and fee(s) are submitted for filing. |
| Please return all corre | espondence concerning this matter to the following: |
| | Jeffrey C Weinstein |
| | Name of Person |
| | Mittenthal Weinstein LLP |
| | Firm/Company |
| | 3100 S Federal Highway, Suite B |
| • | Address |
| • | Delray Beach, FL 33483 |
| | City/State and Zip Code |
| | weinstein@mw-attorneys.com |
| | E-mail address: (to be used for future annual report notification) |
| For further information | on concerning this matter, please call: |
| Jeffrey C Weinstein | 561 862 0955 at () |
| Na | me of Person Area Code Daytime Telephone Number |
| Enclosed is a check f | For the following amount: |
| ■ \$25.00 Filing Fee | e □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

| SAINT-JEAN-D'ACRE LLC | | | |
|--|---|---------------------------------------|---------------------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on d Liability Company) | our records.) | |
| • | | | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on | 19 17, 2015 | and assigned |
| Florida document number L15000030063 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the design | nation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | <u>.</u> |
| Enter new mailing address, if applicable: | | | <u> </u> |
| | | 7 | . (p) |
| (Mailing address MAY BE A POST OFFICE BOX) | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | | <u> </u> | <u></u> |
| | | ï | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | r records, <u>enter</u> | the name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| _ _ | Enter Florida s | treet address | |
| | | *** * * * | |

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.

City

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> | Type of Action |
|--------------|------------------------|-----------------------------|----------------|
| MGR | Sparing Partners 2 Inc | 33 SE 4th Street, Suite 100 | |
| · | | Boca Raton, FL 33432 | Add |
| | | Boca Raton, PL 33432 | ☐ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
| - | | | □ Add |
| | | | Remove |
| | | · | ☐ Change |
| | | _ | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | ····· | Change |
| | - | _ | |
| | | | Remove |
| | | | □ Change |

| , | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------|---|
| _ | |
| _ | |
| _ | |
| | |
| | |
| - | |
| - | |
| - | |
| - | |
| - | |
| - | ···· |
| - | |
| - | |
| - | |
| - | |
| _ | |
| | |
| ote: | ive date, if other than the date of filing: |
| | ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on 90th day after the record is filed. |
| ated | January 29, 2019. |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00