

L150000046176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

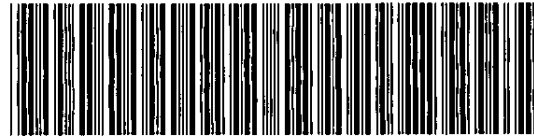
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900269834129

03/19/15--01001--010 **55.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE FILINGS
15 MAR 18 PM 3:09
NOT REPLIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 MAR 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 19 2015

T. HAMPTON

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

121 N.W. 27 AVENUE CORP.**P97000093103**

--

☐ Nonprofit☐ Domestic Corporation☐ Limited Partnership☒ LLC☒ Certified Copy**Amendment**☒ Walk In☐ Mail Out☒ Amendment☐ Dissolution/Withdrawal☒ Reinstatement☐ Annual Report☐ Name Registration☒ Fictitious Name☒ Photocopies☐ Will Wait☐ Merger☐ Mark☒ Other☒ CUS☐ After 4:30☒ Pick Up

Name

Availability _____

Document

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

3/18/2015

KM

Order#

9482992

Ref#:

Amount: \$

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

151 NW 24th Street Partners, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 MAR 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/13/2015 and assigned
Florida document number L15000046176.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

151 NW 24th St. Partners, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

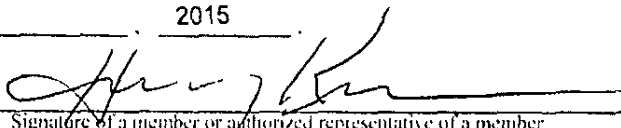
FILED
MAR 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 17, 2015



Signature of a member or authorized representative of a member

Harvey Krasner, Esq.

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
15 MAR 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA