

Division of Corporations

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L150001028243

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H150001028243)))



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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : *Ivy Rosenthal*
Account Number : I19990000010
Phone : (561) 832-3300
Fax Number : (561) 655-1109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DIVISION OF CORPORATIONS
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567 OCOEE LLC

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DIVISION OF CORPORATIONS
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H15000102824 3)))

567 OCOEE LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 24, 2015 and assigned
Florida document number L15000072643

This amendment is submitted to amend the following:

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

547 OCOEE LLC

The new name must be distinguishable and contain 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

City

Florida

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

((H15000102824 3)))

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of (((H15000102824 3)))
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"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. (H15000102824 3)))

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated April 27 2015

Signature of a member or authorized representative of a member

Stacey Halpern, Esq., Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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