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COVER LETTER

Division	f Corporations	
ED SUBJECT:	633 ALTON ROAD GP, LLC	
SUBJECT.	Name of Limited Liability Company	
The enclosed Art	es of Amendment and fee(s) are submitted for filing.	
Please return all	respondence concerning this matter to the following:	
	KENNETH EDELMAN	
	Name of Person	
	EDC 633 ALTON ROAD GP, LLC	
	Firm/Company	
	2600 GLADES CIRCLE SUITE 100	
	Address	
	WESTON, FL 33327	
	*City/State and Zip Code *City/State and Zip Code *City/State and Zip Code *City/State and Zip Code *City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
For further inform	tion concerning this matter, please call:	一調で
KEN EDELMA	954 384-6880 at ()	
	ame of Person Area Code Daytime Telephone Number	9: 02 TATE ORIDA
Enclosed is a che	for the following amount:	,
■ \$25.00 Filing	Certificate of Status Certified Copy Certificate of Certificate of Certificate of Certified Copy is enclosed) Certified Co	of Status &

MAILING ADDRESS:

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Registration Section

TO:

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

EDC 633 ALTON ROAD GP, 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 MAY 7, 2015 and assigned Florida document number _____L15000081432 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1113 PROSPERITY FARMS ROAD Enter new principal offices address, if applicable: **SUITE 221E** (Principal office address MUST BE A STREET ADDRESS) PALM BEACH GARDENS, FL 33410 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 registered agent and/or the new registered office address here: Name of New Registered Agent: 1113 PROSPERITY FARMS ROAD SUITE 221E New Registered Office Address: Enter Florida street address PALM BEACH GARDENS , Florida 33410

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effective date is listed, the date ma	ust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 605.020
document's effective date on the l		Aquitements, uns date will lift be listed 8
the record specifies a delayed) The 90th day after the re	ed effective date, but not an effective time cord is filed.	e, at 12:01 a.m. on the earlier o
Dated 6/2/20	15	7.2CF
Dated By - /		
Dated 67 - 7	1/4 lde	
Dated 67 - 7	Standaure of a member or authorized representative of a	<i>₹</i>

Page 3 of 3

Filing Fee: \$25.00