# L15000087832

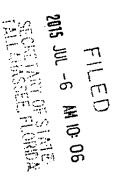
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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## COVER LETTER

	tegistration Se Division of Cor			
eudipæ	533 34 Cou	ırt, LLC		
SUBJECT	l; <u></u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	indence concerning this matter	to the following:	
		Joseph M. Balocco, Jr., Es	q.	
			Name of Person	**************************************
		Joseph M. Balocco, Jr., P.,	<b>A</b> .	
		<del></del>	Firm/Company	
		1323 SE Third Avenue		
			Address	
		Fort Lauderdale, FL 33316	5	
			City/State and Zip Code	
		manuelp3438@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For further	Information c	oncerning this matter, please co	all:	
Joseph M.	Balocco, Jr., I	Gsq.	954 764-0005 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

7.5

STREET/COURIER ADDRESS: Rogistration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 JUL -6 AM 10: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

533 34 Court, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L15000087832	oility Company were filed on 05/18/2015	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, ent e address here:	er the name of the new
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 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>	Name	Address	Type of Action
MGRM	Manuel Pascal Living Trust dtd 4/20/20 US	3438 NE 5th Avenue	₽ Add
		Fort Lauderdale, FL 33334	☐ Remove
			☐ Change
MGRM	Barbara Pascal Living Trust dtd 4/20/2015	3438 NE 5th Avenue	
		Fort Lauderdale, FL 33334	□ Remove
			☐ Change
AMBR	Manuel J. Pascal, Trustee	3438 NE 5th Avenue	
		Fort Lauderdale, FL 33334	≅ Remove
			☐ Change
AMBR	Barbara M. Pascal, Trustee	3438 NE 5th Avenue	
		Fort Lauderdale, FL 33334	■ Remove
			Change
			□ Add
		**************************************	☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effer Note: I docume	re date, if other than the date of filing:	ed as the
D-1-3	6/25/ 2015	i.
Dated_		3, 7
	Signature of a member or authorized representative of a member	= =
	· · · · · · · · · · · · · · · · · · ·	F D I
		<del>"</del>
	Page 3 of 3	

Filing Fee: \$25.00