115000088952

(R	equestor's Name)	<u> </u>
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

. Registration Section

TO:

Division of C	Corporations		
ALLA	ROUND TOWN LLC		
SUBJE(CT:	ROUND TOWN LLC Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	BRUCE MCFADDEN		
		Name of Person	
	ALL AROUND TOWN L	LC	
		Firm/Company	
	2225 NW 32ND TERRAC	Œ	
		Address	
•	LAUDERDALE LAKES,	FL 33311	
		City/State and Zip Code	
	ALLAROUNDTOWNLLC	-	
		to be used for future annual report noti	tication)
For further information	n concerning this matter, please o	all:	
BRUCE MCFADDES	4	954 544-1121	
Nam	e of Person	at ()	e Felephone Number
Enclosed is a check for	r the following amount:		
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
* Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, 14, 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL AROUND TOWN LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.15000088952	Company were filed on05/19/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "I in	nited Liability Company," the designation "LLC" or t	3
Enter new principal offices address, if applicable:		FA Sick
(Principal office address MUST BE A STREET ADD)	RESS)	29 P
Enter new mailing address, if applicable:		PH 12: 5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		iter the name of the h
Name of New Registered Agent:		
New Registered Office Address:		
,	Enter Florida street address	
	. Florid:	1
	City	Zıp 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = · Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	BRUCE MCFADDEN	2225 NW 32ND AVENUE	Add
		LAUD, LAKES, FL 33341	☐ Remove
			☐ Change
MGR ALEXUS J. DOWNING-AWAD	ALEXUS J. DOWNING-AWAD	2225 NW 32ND AVENUE	⊜ Add
		LAUD, LAKES, FL 33341	□ Remove
			🗆 Change
			□ Remove
•			☐ Change
		<u>-</u>	D Add
			Remove
		☐ Change	
		☐ Remove	
			☐ Change
•			□ Remove

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(I) an effective date is listed, the date mu	st be specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605.0	207 (3
	lock does not meet the applicable statutory to Department of State's records.	iling requirements, this date will not be listed) as th
the record specifies a delaye) The 90th day after the re		re time, at 12:01 a.m. on the earlier	of:
24.24.24	2010		
Dated MAY 24	2018 Chadden Signature of a member or authorized representa		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00