

L15000089068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

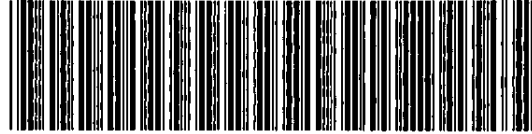
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUL 11 P 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAW OFFICES OF

MARSHAL D. GIBSON

PROFESSIONAL CORPORATION

MEMBER OF THE CONNECTICUT
FLORIDA AND NEW YORK BARS

BOARD CERTIFIED IN
TAXATION (FLORIDA)

ONE CENTURY TOWER
265 CHURCH STREET, SUITE 504, NEW HAVEN, CT 06510
TEL: 203-562-8080
FAX: 203-624-3388 E-MAIL: MDG@MGIBTAX.COM
WEBSITE: MGIBTAX.COM

NEW YORK OFFICE
230 PARK AVENUE, SUITE 1000, PMB 1072
NEW YORK, NY 10169

July 5, 2016

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

RE: Articles of Amendment to
Articles of Organization of
13564 Eastpointe LLC

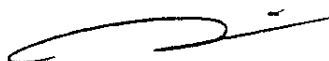
Dear Sir/Madam:

Enclosed please find Articles of Amendment to Articles of Organization of 13564 Eastpointe LLC in duplicate for filing along with a check in the amount of \$55.00 for filing fee and certified copy fee.

Please forward the certified copy to me at your earliest convenience to 265 Church Street, Suite 504, New Haven, CT, 06510.

Thank you.

Very truly yours,



Marshal D. Gibson

MDG/jav
enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 13564 EASTPOINTE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marshal D. Gibson

Name of Person

Marshal D. Gibson, P.C.

Firm/Company

265 Church Street, Suite 504

Address

New Haven, CT 06510

City/State and Zip Code

mdg@mgibtax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marshal D. Gibson

203 562-8080
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

MAILING ADDRESS:

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**

13564 EASTPOINTE 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 20, 2015 and assigned
Florida document number L15000089068.

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."

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M	Edward Sack	13789 LeHavre Drive	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Managing Member	SACK FAMILY REALTY LLC	c/o Edward J. Sack, Managing	<input checked="" type="checkbox"/> Add
		Member, 13789 LeHavre Drive	<input type="checkbox"/> Remove
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Edward Jack
Signature of a member of

Typed or printed name of signee

Filing Fee: \$25.00

FILED
JUN 11 PM 12:24
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA