8/12/2015

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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CM-4-1	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 244 BISCAYNE BLVD, UNIT 4403, LLC

Certificate of Status	0
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Estimated Charge	\$25.00 %

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTI	CLES OF O	RGANIZATION	
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244 BISCAYNE BLVD. UNIT 440	3. LLC	ÿ; ≈ EE, c	12
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our record. iability Company)	
•	(••	957	, O
The Articles of Organization for this Limited Lia	ability Company	were filed on 06/09/2015	u and assigned
Florida document number L15000100803	. ,		
Florida document number	··	gradie, was	·'
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
The first pre distinguished and solution and the	U. 40 Daniel - 14-5-1		
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE <u>A POST OFFICE)</u>	ROX)		_
Channes amin Co harr Dates Dates Co.			
B. If amending the registered agent and/	or registered of	ffice address on our records	s, enter the name of the new
registered agent and/or the new registered of	nce address her	<u>c</u> :	
Name of New Registered Agent:	SHARLEY SIN	ITIM	
	244 BISCAYN	E BI VID 4403	
New Registered Office Address:	Z44 DISCATIN	Enter Florida street addres	<u> </u>
			•
	MIAMI	, Fle	orida <u>33132</u>

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.

City

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

Title	Name	Address	Type of Action
AMBR	QUINCY SINTIM	16707 SOUTHERN OAKS DR	Add
		HOUSTON, TX 77068	■ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
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		LAHASSEE, FLORIDA	Thange
		SSEE.	~ □ Add
		FI. ORI	e Remove
		OF A	□ Change

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D. If amending any other information,	, enter change(s) here: <i>(Attach</i>	additional sheets, if nece	ssary.)
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			·
			
E. Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the applicable statute	(optio ling or more than 90 days after bry filing requirements, this	filing.) Pursuant to 605.0207 (3)(
f the record specifies a delayed eff b) The 90th day after the record	ective date, but not an effe is filed.	ctive time, at 12:01 a	.m. on the earlier of:
Dated AUGUST 12	D Malus (CAHA!	
Sign	ature of a member or authorized repre-	sentative of a member (1)	75 1111
SHARLEY SINTIM	Typed or printed name of s	FS	DD

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