L15000153960

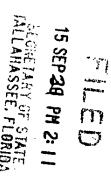
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Con			
STIB IE		DRATE CENTER LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	.
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		MARCIO G ANDRADE		
			Name of Person	·
			Firm/Company	
		1000 PONCE DE LEON I	BLVD STE 103	
			Address	
		CORAL GABLES, FL 33	134	
			City/State and Zip Code	, <u>.</u>
		larrybank@hotmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
LAWRI			301 300-7987 at ()	
	Name of Person			
Enclosed	is a check for th	e following amount:		
\$ 25.	00 Filing Fee			

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

FL Corporate Center LLC					
(Name of the Lim	ited Liability Company as it i (A Florida Limited Liability)	now appears on our records.) Company)		- —	
ne Articles of Organization for this Limited I		led on September 9, 2015	an	ıd assi	gned
orida document number L15000153960	<u></u> •				
nis amendment is submitted to amend the fol	lowing:				
If amending name, enter the new name	of the limited liability con	mpany here:			
e new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the	abbreviation	on "L.L	.C."
nter new principal offices address, if appli	cable:				
rincipal office address MUST BE A STRE	ET ADDRESS)		:::		
***			二二	(A)	
			*	SE S	J. ;
			ASSE	80	in market
nter new mailing address, if applicable:					}
failing address MAY BE A POST OFFICE	E BOX)			P#	
			S TALE	Ü	
			3	-10	
If amending the registered agent and gistered agent and/or the new registered of		ldress on our records, <u>ent</u>	er the na	ime o	f the
Name of New Registered Agent:	Lawrence Krakow				
New Registered Office Address:	1000 Ponce de Leon Bl				
		Enter Florida street address			
	Coral Gables	, Florida	33134		
	City			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

Page 1 of 3

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>	Address	Type of Action
MGR	ARLEEN M BETANCOURT		Add
		1000 Ponce de Leon Blvd. Suite 10	■ Remove
			Change
MGR	LAWRENCE KRAKOW	1000 Ponce de Leon Blvd. Suite 10	■ Add
			□ Remove
			Change
			Add
			Remove
		<u> </u>	Change
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fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior t	1	_ (optional)	N.F. 0005
ote: If the date inserted in this block does not meet the applica			
cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not	an effective time, at 1	2:01 a.m. on the earl	lier of
The 90th day after the record is filed.	·		
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ated $\frac{9}{12}$, $\frac{2}{12}$	····· •		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00