

L15000164506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

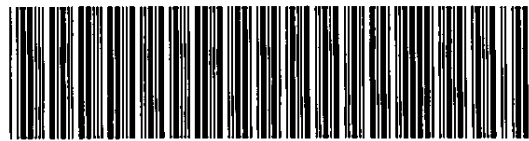
(Document Number)

Certified Copies _____

Certificates of Status _____

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09/19/16--01017--005 **25.00

SEP 20 2016
S. YOUNG

16 SEP 19 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RTR M2C, 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:

JAY POLLAK

Name of Person

RTR M2C, LLC

Firm/Company

14950 NW 44TH COURT

Address

OPA LOCKA, FLORIDA 33054

City/State and Zip Code

JP32@MAC.COM

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

For further information concerning this matter, please call:

JAY POLLAK

305 215-0242
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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 19 PM 4: 01

**CERTIFICATE OF DISSOLUTION
FOR**

SOD Investment Fund I

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on February 13, 2013, assigned Florida document number A13000000079, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

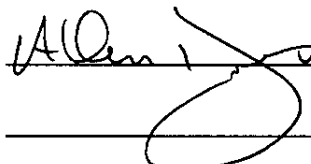
Closing the business

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to
s. 620.1803(3) or (4), F.S.:



Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

16 SEP 19 PM 4:01

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SEP 16 2013
FALLS CHURCH, VA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RTR M2C, 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 9/28/15 and assigned
Florida document number L15000164506.

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:

14950 NW 44TH COURT

(Principal office address MUST BE A STREET ADDRESS)

OPA LOCKA, FLORIDA 33054

Enter new mailing address, if applicable:

14950 NW 44TH COURT

(Mailing address MAY BE A POST OFFICE BOX)

OPA LOCKA, FLORIDA 33054

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:

JAY POLLAK

New Registered Office Address:

14950 NW 44TH COURT

Enter Florida street address

OPA LOCKA

City

, Florida 33054

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.

Jay Pollak

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 = Managerⁱ

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHelsea GLOBAL MANAGEMENT LLC	14850 NW 44TH COURT	<input type="checkbox"/> Add
		HANGAR 102	<input checked="" type="checkbox"/> Remove
		OPA LOCKA, FL 33054	<input type="checkbox"/> Change
MGR	JAY POLLAK	14950 NW 44TH COURT	<input checked="" type="checkbox"/> Add
		OPA LOCKA, FL 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NEIL GEHANI	TRILOGY REAL ESTATE GROUP	<input checked="" type="checkbox"/> Add
		520 WEST ERIE STREET, SUITE 100	<input type="checkbox"/> Remove
		CHICAGO, IL 60654	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SEP 9 PM 4:00
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1565-1570

10 SEP 19 PM 4:01

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated SEPTEMBER 15, 2016

Ray Pollack

Signature of a member or authorized representative of a member

JAY POLLAK

Typed or printed name of signee