10/16/2015 10/16/2015

163 (GE) 1/84

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000248269 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SIMON & SIGALOS, LLP

Account Number : I19990000176

: (561)447-0017

Fax Number

: (561)447-0018

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	msimon@simonsigalos.com
-------	----------	-------------------------

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 198NE6GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

N. Culligen Of The 2015

10/16/2015 12:48 5618262529

SIMON & SIGALOS LLP

(((H15000248269 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAGE 02/04 FILED

2015 OCT 16 AM 8: 31

SECRETARY OF STATES
TALLAHASSEE, FLORIDA

198NE6GP, LLC

(A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor Florida document number L15000166265	mpany were filed on SEPTEME	ER 30, 2015 and assigned
This amendment is submitted to amend the following:	d liability company here: it Liability Company," the designation "LLC" or the abbreviation "L.L.C." SS) red office address on our records, enter the name of the new	
A. If amending name, enter the new name of the limite	ed liability company here:	•
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		ecords, enter the name of the r
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street	address
	The state of the s	Florida
·	City	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

Page 1 of 3 (((H15000248269 3)))

5618262529

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H15000248269 3)))

MGR = Manager AMBR = Authorized Member

<u>Tltle</u>	Name	Address	Type of Action
MGR	BRANDON A. GORGE	70 SE 4TH AVENUE	= Add
		DELRAY BEACH, FLORIDA 33483	□ Remove
			Change
MGR	MATTHEW S. GORGE	70 SE 4TH AVENUE	— Add
		DELRAY BEACH FLORIDA 33 45 3	□ Remove
			☐ Change
			Add
			☐ Remove
		- N	☐ Change
			🗖 Add
			Remove
			Change
			Add
			Remove
			Change
			🖸 Add
			☐ Remove
			Change

	nding any otl	her information	4 enter change(s	s) here: (Attach ad	lditional sheets, if ne	cessary.)		
I	he Company E	imployer Identific	cation Number is 4	47-523338 1,		((H1500	02482	69 3
_								-
_								
								_
_								_
								-
			~					_
								_
						- 		_
				•				•
_								_
_								_
						-		حنم
_							三世	3
								- 8
							الله التعلق الرواحظ	,
_		 					- '}}	~ o
							ring	3 3
	ė							5
_				^		<u></u>		
_						·	<u>`</u>	<u> </u>
•								-
(ectiv	e date, if oth	er than the dat	e of filing:		(opti	ional)		
n ette ete: I	ctive date is listed f the date inser	1, the date must be s ted in this block (pecific and cannot be loss not meet the s	e poor to date of filing (applicable statutory f	or more than 90 days after lling requirements, the	a filing.) Pure is date will r	uant to 60: not be list	5.0207 (ted as t
cume	nt's effective d	ate on the Depart	ment of State's re	cords.				
reco	ord specifies	; a delayed eff	ective date, bu	ut not an effectiv	e time, at 12:01	a.m. on t	he earli	er of:
		er the record			•			
ited_	OCTOBER 22	1	2015					
			,					
		1/\		•				
	· · · · · · · · · · · · · · · · · · ·	Sign	sture of a member o	r authorized representa	tive of a member			
	·							
	MICHAEL	D. GORGE		r printed name of signe				

Page 3 of 3

Filing Fee: \$25.00