L150001905SV

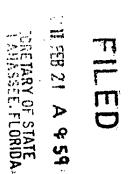
(Re	questor's Name)	
	-	
(Ad	dress)	
•	•	
(Ad	ldress)	
(/ id		•
	101 1 (7) (D)	46
(Cn	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
		(V)/\(\)
(Bu	isiness Entity Name	e)
(Do	cument Number)	
(,	
Certified Copies	Cortificator	of Status
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
,	3	
	•	

Office Use Only



100295296651

02/21/17--01034--018 **25.00



S Warren FEB 2 2 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARK PLACE UNITS1-2, LLC						
(<u>Name of the Limited I</u> (Λ	Liability Compan Florida Limited Li	y as it now appears of ability Company)	on our records.)			
The Articles of Organization for this Limited Liabi Florida document number <u>L15000190556</u>					_ and assign	ed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liabil	lity company here	<u>2</u> :			
PARK PLACE UNITS 1-2, LLC						
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the des	ignation "LLC" o	or the abbre	viation "L.L.C.	,,,
Enter new principal offices address, if applicable	e:	N/A				
(Principal office address MUST BE A STREET A	(DDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	N/A				
B. If amending the registered agent and/or registered agent and/or the new registered office			our records,	onter th	e nam of	the nev
Name of New Registered Agent:	N/A			F STATE	A 4 59	
New Registered Office Address:		Enter Florid	a street address	ida		

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

Zip Code

or removed from our records: MGR = Manager AMBR = Authorized Member			
<u> Fitle</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Add
			□ Remove
			☐ Change
			Remove
			Change
			
			□ Remove
			Change
			Add Add
			None Distriction
	<u>.</u>		F STATE Add
			Remove

, "1-2" in the name of the	LLC. This Amendment is b	eing filed to place the space	e so that the name of	
of the LLC is PARK PL	ACE UNITS 1-2, LLC.			
		- - -		
	<u> </u>			
	 :			
_				
				
ective date, if other than	the date of filing: must be specific and cannot be		(optional)	
e: If the date inserted in the	is block does not meet the ap the Department of State's reco	oplicable statutory filing re-		
ument's effective date off t	te Department of State's reco	orus.		
record specifies a dela he 90th day after the	yed effective date, but	t not an effective time	e, at 12:01 a.m. on	the earlie
ne sour day arter the	record is filed.			
February 15	, 2017		ه. مسيد مسيد د د	يعومير د
	D.,			
	Signature of a member or	authorized representative of a	member 77	- m

Page 3 of 3

Filing Fee: \$25.00