

L15000197735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 MAR 27 AM 10:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Modiv, 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:

Hannah Peterson

Name of Person

modiv, LLC

Firm/Company

10767 PASO FINO DRIVE

Address

Lakewood, FL, 33449

City/State and Zip Code

hpeterson@modiv.co

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

For further information concerning this matter, please call:

Hannah Peterson

Name of Person

at 861, 281 4802

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

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

MODIV, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 MAR 27 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/23/2015 and assigned Florida document number L15000197735.

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:

(Principal office address MUST BE A STREET ADDRESS)

10767 PASO FINO DR.
LAKEWORTH, FL, 33449

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10767 PASO FINO DR.
LAKEWORTH, FL, 33449

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:

HANNAH PETERSEN

New Registered Office Address:

10767 PASO FINO DRIVE

Enter Florida street address

LAKEWORTH

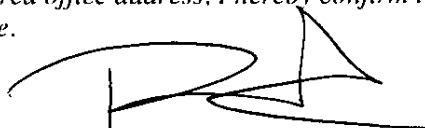
City

Florida 33449

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

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>	<u>Address</u>	<u>Type of Action</u>
Ambr	NICOLAS FINA	10915 Bonita Beach Rd	<input type="checkbox"/> Add
		#10911, Bonita Springs, FL	<input checked="" type="checkbox"/> Remove
		31135	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
2017 MAR 27 AM 10:42
CLERK OF DISTRICT COURT
ALACHUA COUNTY, FL 32310

2017 MAR 21
RECEIVED
ATLANTA, GEORGIA

FILED
MAR 27 AM 10:42
2017
CLERK OF DISTRICT COURT
WILLAMETTE COUNTY

(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)

Dated

3/19/17

Signature of a member or authorized

Signature of a member or authorized representative of a member

Hannah Peterson

Typed or printed name of signee