1500201002

(Re	questor's Name)	
(Ad	dress)	
dA)	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	e)
 (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	y



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TO: Registration Se Division of Cor		•	
3085 19th I	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dorothy G Negrin		
		Name of Person	
	McGlinchey Stafford		
		Firm/Company	
	One East Broward Blvd, S	uite 1400	
		Address	······································
	Ft. Lauderdale, FL 33301	-1181	
		City/State and Zip Code	
	dnegrin@mcglinchey.com E-mail address: (to be used for future annual report r	notification)
For further information ca	oncerning this matter, please ca	-	
Dotohy G. Negrin	, r , r ,	954 356-2501	
Name o	ſ Person	at () Area Code Day	time Telephone Number
Enclosed is a check for th	_		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ENG ADDRESS: ation Section n of Corporations bx 6327 issee, FL 32314	STREET/COL Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3085 19th LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organ	nization for this Limited Liability Company were filed on $\frac{12}{12}$	-01-2015 and assigned
	. L15000201002	

Florida document number ______

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:	c/o D	orothy G Negrin		28
(Mailing address MAY BE A POST OFFICE	E BOX) One I	BOX) One East Broward Blvd., Suite 1400		
		auderdale, FL 33301	AS	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		ldress on our records, <u>en</u>	Y DESTAT	le of the new
New Registered Office Address:	One East Broward Blvc	l., Suite 1400		
		Enter Florida street address		
	Ft. Lauderdale	, Florida	33301	
	Ciņ	, ,	Zip Co	de

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Dorothy G. Negrin		92300 Overseas Hwy., suite 307, Tavernier, F	L 33010 ■ Add
			Remove
			□ Change
			Add
			🗆 Remove
			Change
			Add
-			Remove
			Change
			Add S S
			🗆 Add
			CRemove
			□ Change
	<u>_</u>		🗆 Add
			_ Remove
			Change

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

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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 October 3	, 2016
A	
	Signature of a member or authorized representative of a member
Luis Alberto Negrir	

Typed or printed name of signee

Filing Fee: \$25.00