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.

(((H160002391943)))



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

: GREENBERG TRAURIG (ORLANDO)

Account Number: 103731001374 Phone

: (407)418-2435

: (407)420-5909

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POMPANO ATLANTIC, LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

https://efile.sunbiz.org/scripts/efilcovr.exe

SEP 28 2016

9/26/2016

14076508411 From: Heather Irving

(((H160002391943)))

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

2016 SEP 27 AM 10: 32
TALLAHASSEE, FLORID

Pompano Atlantic, LLC		1111
(Name of the Limited Lighthit (A Florida	y Cumpany as it now numers on our records. Limited Liability Company)	) .
The Articles of Organization for this Limited Liability Co	ompany were filed on January 12, 2016	and assigned.
Florids document number L16000008596	in."	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the time	ted liability company here:	
Avery Place, LLC		
Avery Place, LLC  The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESSI	
	Secure of Services have not a home chief of Herborite Services (Secure Secure of American provinces where the services of the	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	, , ,	
B. If amending the registered ugent and/or registered agent and/or the new registered office addi-		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
A STATE OF THE PERSON OF THE P	Enter Florida streut address	
. 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, Slunature of New Registered Agent

Page 1 of 3

🗀 Change

If amending [A4800228 0494n(8)) outhorized to manage, enter the title, name, and address of each person being added or removed from our records: 2016 SEP 27 AM 10: 32 MGR = Manager AMBR - Authorized Member Type of Action Title <u>Name</u> Address □ Add \_□ Remove \_□ Change □ Add \_ □ Remove □ Change □ Add ☐ Remove ☐ Change Remove ☐ Change \_C Add ☐ Remove ☐ Change O.Add C Remove

(((H16000239194 3)))

(((H160002 If amending any o	239194 3))) other information, enter change(s) here: (Attach additional sheets, if necess	Sury 2016 SEP 27
distribution debruses before the second of the		TALEAHASSEE. FLORIL
		THASSEE FLOOR
**************************************		· · · · · · · · · · · · · · · · · · ·
armin hydrodeddag di et gyrg ann dy efferentedd		<u></u>
in the second se		
e <del>n Miniora en las estados de la co</del>		
And the second s		
i <del>de l'anne de la can</del> e de la cane de la ca		
yes		
**************************************		
<u></u>		
		Manuscon de la Companya de la Compa
gir annageriya Nagagap asanah apakiyak		Blande (F.F. von sunspringsprograp, yearsprograp, property
Note: If the date in	other than the date of filling:  sted, the date must be specific and cannot be prior to date of filling or more than 90 days after fill seried in this block does not meet the applicable statutory filling requirements, this deduce on the Department of State's records.	ial) ling.) Pursuant to 605.0207 (3)(b) late will not be listed as the
ne record specifi The 90th day a	ies a delayed effective date, but not an effective time, at 12:01 a. after the record is filed.	m. on the earlier of:
Dated September 26	6 2016	
<del>,</del>	traslite fers	gar diggs to the left to company the same to the same
Stuart I1	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	<del></del>

Page 3 of 3

Filing Fee: \$25.00

(((H16000239194 3)))