

**LLC 0000 15 227**

**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.**

(((H16000037745 3)))



H160000377453ABCO

**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 : ROTHMAN & TOBIN, P.A.  
Account Number : I20000000031  
Phone : (305)895-3225  
Fax Number : (305)895-7175

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

Email Address:

*same as on file*

FILED  
16 FEB 15 AM 8:16  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**JAZATLANTA 298, LLC**

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

FEB 16 2016  
J SHIVERS

RECEIVED  
2016 FEB 15 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAZATLANTA 298, LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 21, 2016 and assigned  
Florida document number L16000015227.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street 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, 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>
MGR	Lori English	3001 West Hallandale Beach Blvd.	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		Pembroke Park, FL 33009	<input type="checkbox"/> Change
MGRM	Rene Sacher	3001 West Hallandale Beach Blvd.	<input type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Pembroke Park, FL 33009	<input checked="" type="checkbox"/> Change
MGRM	Sam Jazayri	3001 West Hallandale Beach, FL	<input type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Pembroke Park, FL 33009	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECONDARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB 15 AM 8:16

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

2/12/16

Signature of a member or authorized representative of a member

Neri Sanchez, Manager Member

Typed or printed name of signee