L16000033521

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000311377140

04/02/18--01050--001 **25.00

18 APR -2 AM 6: 57

SECRETARY OF STATE TALLAHASSEE. FLORIDA

N COOPER APR 04 2019

03/28/2018

To: Registration Section - Division of Corporations

From: Paula Golden, Bookkeeper

Tel: 561-644-1449

To Whom it may concern:

Please find in this envelope Amendment documents and payment for the following entities

- 1400 Crestwood Ct LLC
- BDGO LLC
- Happy Endings Farm LLC
- ODS Investments LLC
- BD1 LLC
- BD2 LLC
- 5966 NW 25th Place LLC
- 2053 NW 56th LLC
- 2800 NW 56th LLC
- 1521 Windorah Way LLC
- 1065 S Flagler Ave LLC
- 2920 Appaloosa Trail LLC

Feel free to contact me if you have any questions

Sincerely

Paula Golden Bookkeeper 561-644-1449

paulagolden2010@gmail.com

COVER LETTER

	Registration Se Division of Cor					
SUBJEC		STWOOD CT LLC				
SUBJEC	-1:	Name of Limited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	indence concerning this matter	to the following:			
		Jorge H Gomez - (Jorge G	omez Equine Veterinary Services LL	.C)		
			Name of Person			
1400 Crestwood Ct LLC						
Firm/Company PO Box 1135						
			Address			
		Loxahatchee, FL, 33470				
		City/State and Zip Code				
		jgomez@jorgegomezequine	evet.com to be used for future annual report notific	eation)		
For furth	For further information concerning this matter, please call:					
Paula Go	olden		561 644-1449 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25,0	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

1400 CRESTWOOD CT LLC				
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our records.) Ciability Company)		
The Articles of Organization for this Limited Liab Florida document number L16000033521	ility Company	were filed on <u>02/17/2016</u>	and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable	N/A			
• • •	ADDRESS)		ಹ	AE AE
			APR	AE AE
			?-2	TARY IASSE
Enter new mailing address, if applicable:		N/A	30=	333
• • • •	(Name of the Limited Liability Company (A Florida Limited Liability Company) document number L16000033521 endment is submitted to amend the following: mending name, enter the new name of the limited liability name must be distinguishable and contain the words "Limited Liability Company of the limited Liability Company of the li		<u> </u>	EFF.S
	<u> </u>		ςή	DRIDA
				Ø.m
	Ų.	· · · · · · · · · · · · · · · · · · ·	r the name of th	e nev
Name of New Registered Agent:	N/A			
Now Posistored Office Address	N/A			

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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>	Address	Type of Action
MGR	Daniel Bluman Doron	3501 Carlton Lane	Add
		Davie, FL, 33330	□ Remove
	\		Add
			☐ Remove
			Change
		_ /	□ Add
		/	□ Remove
		X	Change
		_ \	□ Add
			□ Remove
			□ Change
			□ Remove
			☐ Change
			Remove
			Change

N/A			
			<i>,</i>
			-
			APR
			- 2
	\longrightarrow		<u> </u>
			~
	$\overline{}$		<u>\$</u>
	/		
	<u> </u>		
			 -
(
**************************************			•
ffective date, if other than the dat	e of filing:	(optional)	
an effective date is listed, the date must be stocked. If the date inserted in this block document's effective date on the Department.	pecific and cannot be prior to date of fi does not meet the applicable statut	filing or more than 90 days after filing.) Potory filing requirements, this date wi	arsuant to 605.02 Il not be listed a
e record specifies a delayed eff The 90th day after the record		ective time, at 12:01 a.m. on	the earlier
ated	2018		
alcu	7.		
	Pof >		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00