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.

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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 : MCDONALD HOPKINS CO., PA

Account Number : 120050000183 Phone : (561)472-7510

Fax Number : (561)472-2975

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 11808 N. BRANCH RD, LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

OCT 20 2016

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COVER LETTER

TO:	Registrat Division					
	1180	8 N. BR	ANCH RD, LLC			
SUBJEC	л: <u></u>		Name of Lim	ited Liability Company	-),	
The encl	osed Artic	les of A	mendment and foc(s) are sub	mitted for filing.		
Please re	turn ali co	rrespond	lence concerning this matter	to the following:		
			Jaimie Paul			
				Name of Person		
			McDonald Hopkins LLC			
				Pirm/Company		
•			505 S. Flagler Drive, Suite	: 300		
			· · · · · · · · · · · · · · · · · · ·	Address		
			West Palm Beach, FI. 334	01		
			jpaul@mcdonaldhopkins.ex	City/State and Zip Code	771 2.	
			E-mail address: (i	to be used for future annual	report notification)	
For furth	er informa	ition con	cerning this matter, please ca	ıll:	•	
Jaimie P	aul			561 47	2-212)	
	N	ame of P	erson	Arca Code	Day time Telephone	Number
Enclos c d	is a check	c for the	following amount:			
\$25.0	00 Filing F	^r ec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	closed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	R	legistrati	G ADDRESS: on Section of Corporations	Registrat	F/COURIER ADDR ion Section of Conjorations	ESS:

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ТО	
ARTICLES O	OF ORGANIZATION	
	OF	
		ords.)
11808 N. BRANCH RD, LLC		
(Name of the Limited Liability C	Company as it now appears on our recunited Liability Company	ords.
(A Plotte 13)	miled Elabimy Company	199 to
The Articles of Organization for this Limited Liability Com	pany were filed on 2/29/2016	and assigned
Florida document number L16000042045		2.0
- Torios document nativos		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Lliebility goranany hone	
A. If amending name, effect the new manne or the infineer	Hability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	
		•
Enter new mailing address, if applicable:		
(<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
·		
B. If amending the registered agent and/or registered		rds, enter the name of the new
registered agent and/or the new registered office address	s here:	
•		
Name of New Registered Agent:		
New Registered Office Address:		
THEM WERISTELER OTHER VITILESS.	Enter Florida street add	ress
	,	Florida
	Ciry	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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

Title	<u> Nате</u>	Address	Type of Action
MGR	Todd Bolling	301 Yamato Road, #1240	□: Add
		Boca Raton, FL 33431	□ Remove
			■ Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			O Add
			Remove Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change

Matyas Kakuk

mending any other information, enter change(s) here: ((((H1600025882

	<u> </u>
	7. T.
	Ser 12
·	
No.	
ective date, if other than the date of filing:	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0
ic: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed
among yourselve daily on the respectation of party of presents.	
record specifies a delayed effective date, but not ar	n effective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
. September 7	
ed September 7	<i>C</i> '

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Typed or printed name of signee

Filing Fee: \$25.00 (((H16000258823 3)))