1160000 42353

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

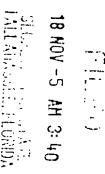
Office Use Only



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COVER LETTER

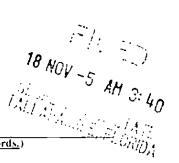
TO:		gistration Sec lision of Corp		• :		
ei:r	216776	74 North Pr	operties LLC			
SUI	MEC. L.			ited Liability Company		
			Amendment and fee(s) are sub	_		
Plea	ise return	all correspoi	ndence concerning this matter	to the following:		
			Randy Schuster			
				Name of Person	·	
			74 North Properties LLC			
				Firm/Company		
			74 Gulf Blvd unit 2B			
				Address		
			Indian Rocks Beach Fl 337	285		
				City/State and Zip Code		
			randyschuster@c21be.com			
			E-mail address: ()	to be used for future annual i	report notification)	
For	further in	nformation ec	oncerning this matter, please co	all:		
Rar	ndy Schu	ster		at ()	9-8128	
		Name of	Person	Area Code	Daytime Telephone Number	
Enc	losed is a	check for th	e following amount:			
		iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificat losed) Certified	te of Status &

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 TOARTICLES OF ORGANIZATION **OF**



74 North Properties LLC

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

B. If amending the registered agent and/or regregistered agent and/or the new registered office action and a Name of New Registered Agent:	address here:	
	address here:	
	egistered office address on our rec-	ords, enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET AD)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "I	*Limited Liability Company." the designation	LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the li	limited liability company here:	
This amendment is submitted to amend the following:	<i>j</i> :	
Florida document number L16000042353	·	

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>	Type of Action
AMBR	Elizabeth Schuster	74 Gulf Blvd unit 2B Indian Rocks Beach FI 33785	■ Add
			Remove
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(If an effec <u>Note:</u> II	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated _	10.31 2018.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00