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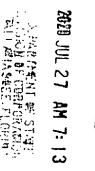
(Requestor's Name)
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SEP 1 5 2020 S. YOUNG

COVER LETTER

TO: Registration Division of Co	Section orporations		
6100 Part	kway, LLC		
oobbet.	Name of Li	mited Liability Company	<u> </u>
Division of Corporations SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: George Brock			
	George Brock		
		Name of Person	
	6100 Parkway, LLC		
		Firm/Company	
	7284 W. Palmetto Park R	oad, Suite 208	
		Address	<u> </u>
	Boca Raton, FL 33433		
		City/State and Zip Code	
			ion)
For further information of	concerning this matter, please c	all:	
Name o	of Person		lephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		Street Address:	
		Registration Section	
DIVISION OF C	Orporations	Division of Comore	tions

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6100 Parkway, LLC		88
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records da Limited Lability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 03/11/2016	rand assigned
Florida document number L16000051319	<u> </u>	THE STATE OF THE S
This amendment is submitted to amend the following:		200
A. If amending name, enter the new name of the lin	mited liability company here:	•
The new name must be distinguishable and contain the words "Li	imited Liability Company,7 the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	r
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accent the appointment as registered agen	ut and garge to got in this congoin. I fu	rthar agree to comply with the

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>	Name	Address	Type of Action
Property !	Bridge Commercial Real Estate, LLC	800 Fairway Drive	⊟ Add
, , ,		Suite 294	□Remove
		Deerfield Beach, FL 33441	
			□ Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			D'Chenne

				
				
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ective date, if other than the effective date is listed, the date made: If the date inserted in this becament's effective date on the light	block does not meet the applica	able statutory filing requ	(optional) m 90 days after filing.) Pursu irrements, this date will no	ent to 605.02 of be listed
cord specifies a delayed effect is filed.	ve date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th	day after t
July 20	2020	·		
				
	<i></i>			

Filing Fee: \$25.00