16 000 101574

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.

(((H16000146494 3)))



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 : INTERSTATE FILINGS LLC

Account Number: I20110000086 Phone : (718) 569-2703

: (718)504-7890 Fax Number

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

Email Address: contact@interstatefilings.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1300 SMA 2401 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

C (((H16000146494 3))) ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

1300 SMA 2401 LLC		
(Name of the Limited Liability Company a (A Florida Limited Liability)	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L16000101574</u>	re filed on 5/24/2016 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
1300 SMA 2410 LLC		
The new name must be distinguishable and end with the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	7	
(Principal office address MUST BE A STREET ADDRESS)		_
		_
	\$1.50 Or	- :
Enter new mailing address, if applicable:	Ce 📚	jeran.
(Mailing address MAY BE A POST OFFICE BOX)		
	No.	<u>*</u> *
-		-
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the	new
Name of New Registered Agent:		_
New Registered Office Address:		
Transfer Since Tradical.	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 provisions of all statutes relative to the proper and complete perfaccept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionable to make the provided in writing of this change.	formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if this document is	

(((H16000146494 3)))

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized MGR = M	Member being added or removed fro	(((H16000146494 3))) oer on our records, enter the title, name om our records:	15:06 66/15/16 ET Pg 4- , and address of each Manager or
Title	<u>Name</u>	Address	Type of Action
			□ Remove
			Add
			□ Remove
			Add
			D Remove
			П Rетюve
			□ Add
·- <u>-</u>			
			□ Remove

15:06 06/15/16 ET Pg 4-5

Fm: Interstate Filings LLC To: 1300 SMA 2401 LLC

. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	cessary.)
	
·	

	·
Effective date, if other than the date of filing:	ional) after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days the date this document is filed by the Florida Department of State)	io nal) after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days the date this document is filed by the Florida Department of State)	io nal) after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days the date this document is filed by the Florida Department of State)	io nal) after

Page 3 of 3