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Division of Corporations



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from:

Account Name -> Micr. HARRIS, RAYYOR & 10NES, P.A Account Number : 120000000216

Phone Fax Number (561)746 1001 : (561)775-8278

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1533 FUNDY, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1533 Fundy, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compan	y were filed on06/10/2016	and assigned
Florida document number L16000113144		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	The state of the s	
Enter new mailing address, if applicable:		
•••		
(Mailing address MAY BE A POST OFFICE BOX)		-11-40-1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
		2
Name of New Registered Agent:		023
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Florida	
	Cin-	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	. 12
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am fa provided for in Chapter 605, F.S. Or it	miliar with and This document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

Fax: (850) 617-6383 (((H23000162202 3)))

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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:

AMBR = Au	thorized Member		
Title	<u>Name</u>	Address	Type of Action
			🗆 Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			🗆 Remove
			Change
			□Add
			□Remove
			□Change
	11111-201-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		□Add
			DRemove
			🗆 Change
<del></del>			□Add
			©Remove

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	rticle IV of the Articles of Organization is deleted.
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***	
ffectiv an effe	ve date, if other than the date of filing: (optional) ctive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
осипк	nt's effective date on the Department of State's records.
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
2 15 1110	a.
	2/3
ated _	
ated _	Dheulah:
ated _	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00