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COVER LETTER

TO:	Registration So Division of Co		•	
CHRI	PP 1316,	LLC		
3000		Name of Lim	ited Liability Company	
The e	nclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Thomas Robert Shahad	у	
		Kopeolowitz Ostrow PA	Name of Person	
		Kopeolowitz Ostrow PA Firm/Company One West Las Olas Blvd. Suite 500 Address Fort Lauderdale, Florida 33301 City/State and Zip Code rshahady@kolawyers.com B-mail address: (to be used for future annual report notification) her information concerning this matter, please call: I Krissel at (
		One West Las Olas Blvd	· · ·	
		Fort Lauderdale, Florida		
		rshahady@kolawyers.cor		
			•	ication)
For fu	rther information of	concerning this matter, please ca	all:	
Bren	da Krissel			
	Name o	of Person		Telephone Number
Enclo	sed is a check for t	he following amount:		
□ \$;	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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 TO ARTICLES OF ORGANIZATION OF

PP 1316, LLC	stad Liability Company as it can san	tare on our records	
(tamine of the frin	nited Liability Company as it now appe (A Florida Limited Liability Company))	
The Articles of Organization for this Limited Florida document number L16000123319	Liability Company were filed on	June 27, 2016 and assigned	
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."	 '5
Enter new principal offices address, if appl	icable:		SEC SEC
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		A A	
(Mailing address MAY BE A POST OFFICE	<u> </u>	——————————————————————————————————————	<u>25</u>
B. If amending the registered agent an registered agent and/or the new registered		on our records, enter the name of the	: new
Name of New Registered Agent:	Bellatriz D. Limongi		<u></u>
New Registered Office Address:	1316 SW 147th Avenue		
		lorida street address	
	Pembroke Pines	, Florida 33027	
	Clty	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

Page 1 of 3

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>	Address	Type of Action
MGR	Bellatriz D. Limongi	1316 SW 147th Avenue Pembroke Pines, Florida 33027	■ Add
			Remove
			Change
AMBR	Bellatriz D. Limongi	1316 SW 147th Avenue Pembroke Pines, Florida 33027	
			Remove
			□ Change
			Add
		· 	□ Remove
			Change
	·		D Add
			Remove
			Change
			
		· .	□ Remove
			□ Change
			Add
			Remove
		_	Change

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		AM S
		——————————————————————————————————————
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an effecti <u>ote:</u> If t	date, if other than the date of filing:	.) Pursuant to 605.0207 (3)(b
recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	on the earlier of:
ated	gust 20 , 2018	
	Signature of a member or authorized representative of a member	-
	1 - W	

Page 3 of 3

Filing Fee: \$25.00