416000150616

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: - CUSTOMEN GIVE DEMISSION TO CHONGE HITE TO MGY 8/24/16

Office Use Only



500289180895

08/23/16--01004--025 **25.00



COVER LETTER

	gistration Se vision of Cor				
SUBTROT.		mmercial Boulevard, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Ian J. Kukoff, Esq.			
			Name of Person		
		Blaxberg, Grayson, Kukof	T & Forteza, P.A.		
	Firm/Company				
		25 SE 2nd Avenue, Suite 7	730		
			Address		70 2
		Miami, FL 33131			ECRE CREATE
		City/State and Zip Code			FILED Aug 23 PM ANIASSEE, F
		ian.kukoff@blaxgray.com	to be used for future annual report notific	antion)	器C w m
For further i	nformation co	oncerning this matter, please co	•	cation)	PW 2: 1: PK STATE FLORID
Ian Kukoff			305 381-7979 Ext	. 312	資元 7
	Name of	î Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00]	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1500 E. Comme	ercial Boulevard, LLC ited Liability Company as it now appea (A Florida Limited Liability Company)	
(Ivaine of the Lim	(A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{08}{2}$	/11/2016 and assigned
Florida document number L16000150616	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		TS 5
Mailing address MAY BE A POST OFFICE	<u> </u>	COR A T
3. If amending the registered agent and	U	our records, enter the name of the na
registered agent and/or the new registered of	office address here:	LORIE LORIE
Name of New Registered Agent:	John J. Kabboord, Jr.	
New Registered Office Address:	1980 N. Atlantic Avenue, # 801	
	Enter Flor	rida street address
	Cocoa Beach	, Florida ³²⁹³¹
	City	7in Coda

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

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
Magr	Thomas R. Baldwin	8045 N WICKHAM ROAD	□ Add
		MELBOURNE, FL 32940	■ Remove
			Change
<u>ud</u> r	Timothy M. Antonition	8045 N WICKHAM ROAD,	= Add
		MELBOURNE, FL 32940	□ Remove
			Change
			Add
			Remove SEGRED Changer
			ASSET, FLORIDA
			Change
			□ Remove
			Change
			□ Add
			☐ Remove
			□ Change

-	, I	<u> </u>
-		· · · ·
_		
_		
_		
_		
_		
_		
_	·	
_		
		TASE 5
_		EAR E T
_		23 LT
_		100 P
-		ORIE ORIE
_		
_		
ote:	ve date, if other than the date of filing:	optional) after filing.) Pursuant to 605.02 this date will not be listed a
	ord specifies a delayed effective date, but not an effective time, at 12:090th day after the record is filed.	01 a.m. on the earlier
ated	August 19, Zollon	
	Signature of a member or authorized representative of a member	
	JOHN J. KABBŐORD, JR.	

Page 3 of 3

Filing Fee: \$25.00