

L16000157472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 18121 REAL ESTATE HOLDINGS LLC

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:

GREG HERSKOWITZ

Name of Person

GREG HERSKOWITZ PA

Firm/Company

9100 S. DADELAND BLVD., SUITE 908

Address

MIAMI, FL 33156

City/State and Zip Code

GREG@HLFMIAMI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG HERSKOWITZ

305 423-1258
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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TALLAHASSEE, FLORIDA

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

18121 REAL ESTATE HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/23/2016 and assigned
Florida document number L16000157472

This amendment is submitted to amend the following:

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GREG HERSKOWITZ PA	9100 S. DADELAND BLVD.	<input type="checkbox"/> Add
		SUITE 908	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
MGR	JOSE CHAO	8001 SW 184 STREET	<input checked="" type="checkbox"/> Add
		PALMETTO BAY, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICK ROBERTS	8001 SW 184 STREET	<input checked="" type="checkbox"/> Add
		PALMETTO BAY, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECONDARY OF CRIME
TALLAHASSEE, FLORIDA

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2017 AUG 15 P 3:43
SECONDARY OF SCHOOL
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated AUGUST 9 2017

Joshua CFO C Palmer Trinity Private School, Inc.
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

~~JOSE CHAO~~

Typed or printed name of signee

jchao@palmertrinity.org