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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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2016 SEP 19 P W 21

SEP TO BRUCE

COVER LETTER

TO: Registration Se Division of Cor					
	MONT PLACE LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	CHRISTOPHER TAPIA				
		Name of Person	-	-	
	1602 BELMONT PLACE	LLC			
	- A A Property of the Control of the	Firm/Company		•	
	1603 BELMONT PLACE				
		Address		2016 PACE	ene-man
	BOYNTON BEACH FL 3	3436		2016 SEP 19	mark.
		City/State and Zip Code		-SEE	Cause Cause
	PERU101781@GMAIL.CC		 	To to	1 6
For further information c	rmail address: i oncerning this matter, please or	to be used for future annual report notifi all:	ication)	P#2	
CHRISTOPHER TAPIA		561 3056794 at()			
Name o	f Person	· Area Code Daytime	Telephone Nutaber	 F	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	nttions		

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

1602 BELMONT PLACE LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L16000162650	pany were filed on AUGUST 30 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	· · · · · · · · · · · · · · · · · · ·	the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	⊋ Zip €ode
New Registered Agent's Signature, if changing Registered A	gent:	52 2

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				
MGR	CHRISTOPHER TAPIA	1603 BELMONT PLACE					
		BOYNTON BEACH FL 33436	□ Remove				
			Change				
			Add				
			□ Remove				
			Change				
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Typed or printed name of signee

Filing Fee: \$25.00