6000210307

(Pa	questor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
6111511		ORT LAUDERDALE LLC		
SUBJI	EC1:	Name of Lim	ited Liability Company	
The en	iclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		STEPHANIE MARTINEZ	Z	
		ATPLUS CORP	Name of Person	
		8180 NW 36 ST STE 40	Firm/Company 96	
		DORAL FL 33166	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
STEP	HANIE MARTINE	ΞZ	305 406-3800 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100 NW FORT LAUDERDALE LLC

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

(A Florida I	limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L16000210307</u>	mpany were filed on 11/21/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable:	1 22 N
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records, enter the name of the neess here:
Name (if New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and cont as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability
	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
AMBR	EVALDO ALBUQUERQUE	8440 NW 115TH PLACE	
			
		DORAL FL 33178	_
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tive date, if other than the	date of filing:	(optional)
Tective date is listed, the date mu	st be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605.0
nent's effective date on the D	lock does not meet the applicable statutory. Department of State's records.	filing requirements, this date will not be listed
d:8 d-1	d affinish a data to the second	
e 90th day after the rec	ord is filed	ve time, at 12:01 a.m. on the earlier
s sour day arear are rec	ord is med.	
AUGUST 20	2018	
	2018	
1/1 / 1	Signature of a member or authorized represent	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee