L17000010090

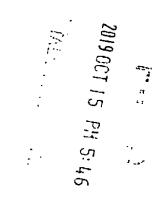
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

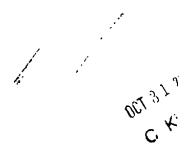
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COVER LETTER

Divisi	on of Corp	porations		
F SUBJECT:		nist Holdings-436 & 438 Asso	ociates, LLC	
SUBJECT: _		Name of Lim	ited Liability Company	<u></u>
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspor	ndence concerning this matter	to the following:	
		Gary Stiphany		
			Name of Person	
		Stiphany Law		
			Firm/Company	
		80 SW 8 Street, Suite 3100)	
			Address	
		Miami, Florida 33130		
		gary@stiphanylaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further info	ormation co	ncerning this matter, please ca	all:	
Steven Lippma	ın		954 361-4560 at ()	
	Name of	Person		Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ng 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

TO:

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

Franzblau Trust Holdings-436 & 438 Asso	•	
(Name of the Limited Liab (A Flori	ility Company as it now appears on ou ida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Florida document number L17000010090	Company were filed on January 1	2, 2017 and assigned
rionoa document number	_ •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Lesaga Holdings - 213 Madison Street, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
		19 C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
	····	Ś.
B. If amending the registered agent and/or reg	vistered office address on our	
registered agent and/or the new registered office ad		<u> </u>
·		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
-	City	Zıp 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 th 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		· · ·	П Remove
			Change
			□ Remove
		·	☐ Change
			Add
			☐ Remove
			☐ Change
		<u></u>	
			☐ Remove
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	-		
			□ Remove
			□ Change

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Effect	rive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ent's effective date on the Department of State's records.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	August 26 Oct. 2 2019
	Man le hall
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00