117000010753

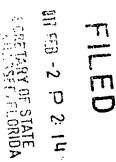
(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200294896382

02/02/17--01016--006 **60.00



S Warren

30

FEB 03 2017

COVER LETTER

	ion of Corpora			•
SUBJECT: _	4850	NE 10TH	AVE REALTY	LLC
		Name of Lin	nited Liability Company	
The enclosed A	Articles of Ame	endment and fee(s) are sub	omitted for filing.	
Please return a	ll corresponder	nce concerning this matter	to the following:	
		ANTHO	Name of Person	
	-		Name of Person	
	-		Firm/Company	
		2901 CEN	TOL PORT CIRC	Œ
	-		Address	
	_	POMPANO	City/State and Zip Code	064
		A . A	City/State and Zip Code	<u></u>
	_		URO @ MAC. CO	
For further info	ormation conce	rning this matter, please c	all:	•
ANTI	10NY	LAURO	m(954) 675	-1679
	Name of Per	son	at (954) 675 Area Code Daytin	ne Telephone Number
Enclosed is a c	heck for the fo	lowing amount:		
□ \$25.00 Fili	ng Fee □	l \$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/COURTER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		JE REALTY		
(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on our r iability Company)	ecords.)	.
The Articles of Organization for this Limited Lial Florida document number		were filed on JAN.	13,2017	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabi	lity company here:		
2901 CENTER POP				
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity Company," the designation	"LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)	2901 CENT POMPANO BE	TILL POPLT	CIRCLE
		HOMINANO BE	EACH, FL	33064
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	OX)	2901 CENT POMPANO BY	TER PORT	CIRCLE
		POMPANO BI	CACH , FL	33064
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	ce address here			name of the nev
-		CENTER PORT		
New Registered Office Address:		Enter Florida street d		
	BMPAN	D BEACH	_, FloridaZ	5064 ip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this cl	and complete ered agent as p gistered office hange.	performance of my dutie royided for in Chapter (es, and I am famile 605, F.S. Or, if the method the limited attire of New Resister	liar with and is document is I liability
	Page 1	of 3	2: STA	0

	or removed	from our records:		
Change Change Change Add Change Change Add Change Change	<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Change Change Change Change Add Remove Add Add Add Add Remove				Add
Add Remove Change Add Remove Add Remove Add Change Add Add Remove Add Remove Add Remove Remove Remove Remove Add Remove Add Remove Remove Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove Remo				□ Remove
Remove Change Add Remove Add Change Add Add Remove				☐ Change
Change Change Change Change Add Remove Change Add Remove				
				□ Remove
Remove Change Add Remove Add Remove Change Change Change Change Remove Remove Remove Change Remove Change Change				☐ Change
Change Change Change Change Change Change Change				
				□ Remove
Change Add Remove				Change
Change Add Remove				Add
Add Remove				Remove
Remove				Change
Remove				
- Chlinge				Remove
				Change
STATE OR Add				STA 2:

_ Change

	•							
	<u> </u>				· · · · · · · · · · · · · · · · · · ·			<u></u>
			 					<u> </u>
	-							
							•	
	.	· · ·						
		<u> </u>						
						··· ···		
		han the date of fili		2.00		optional		
te: If	the date inserted i	date must be specific a n this block does not	t meet the appli	cable statutory fi				
cument	is effective date of	on the Department of	: State's record:	S.				
recor	d specifies a c	delayed effective	date, but n	ot an effective	e time, at 12:	:01 a.m.	on th	e earlier (
he 90)th day after t	the record is filed	ı.					
ted	FCB 1	•	2017					
				·				
		MM	o mambar ar aut	oni ad manusantai	ive of a member			
		Cioneture of					[.4.3	-
		Signature of				33	œ	PREMIUM STATE SERVICE S
		`		ted name of signed		RETARY OF	8-2	î I

Filing Fee: \$25.00