Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.

Account Number : I20090000078

Fax Number

Phone : (561)801-7312 : (561)515-3904

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. *

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 121 LILY 1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

OCT 0 6 2017

Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

M170002614883

COVER LETTER

Division of Cor	perations		
	I, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	•	
Please return all correspo	ndence concerning this matter	to the following:	
	PAUL A. KRASKER		
Name of Limited Liability Company The emplosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: PAUL A. KRASKER Name of Person LAW OFFICE OF PAUL A. KRASKER, P.A. Firm/Company 1615 FORUM PLACE, 5TH FLOOR Address WEST PALM BEACH, FL 38401 City/State and Zip Code PKRASKER@KRASKERLA W.COM B-mull address (to be used for future sumal report notification) Por further information concerning this matter, please call: ANDREA MURPHY Stoley State and Stoley Daytime Telaphone Number Einclosed is a check for the following: amount: Enclosed is a check for the following: amount: \$\text{\$\frac{25}{255.00}\$ \text{Filing Fee} & \$\text{\$\frac{25}{255.00}\$ \text{Piling Fee} & \$\text{\$\frac{25}{255.00}\$ \text{Filing Fee} & \$\text{\$\text{\$\ching Certificate of Status }} \text{\$\text{\$\ching Certificate of Status}\$ & \$\text{\$\text{\$\ching Certificate of Status}} \text{\$\text{\$\ching Certificate of Status}}			
	LAW OFFICE OF PAUL	A. KRASKER, P.A.	Name of Person RRASKER, P.A. Firm/Company FLOOR Address 3401 City/State and Zip Code W.COM e used for future sumual report notification) \$561
		Firm/Company	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: PAUL A. KRASKER Name of Person LAW OFFICE OF PAUL A. KRASKER, P.A. Firm/Company 1615 FORUM PLACE, 5TH FLOOR Address WEST PALM BEACH, FL 36401 City/State and Zip Code PKRASKER@KRASKERLAW.COM B-mul address (to be used for future sumual report actification) iformation concerning this matter, please call: ##################################		
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Van further information of			Cit-many (
	oncerning this matter, presse c		
		st ()	
Namb o	f Person	Area Code Dartim	в Деффора Илицаст
Enclosed is a check for t	ns following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Gopy
Registr Divisio P.O. B	ation Section m of Corporations ox 6327	Registration Section Division of Corpor Chifton Building	m rations enter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

121 LILY 1, LLC			
(Name of the Lim	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited	Liability Company	were filed on FEBRUARY 8, 2017	and assigned
Florida document number L17000031350	<u> </u>		- <u> </u>
his amendment is submitted to amend the fo	llowing;	<u>d</u> sd	
L. If amending name, enter the new name	of the limited lial	pility company here:	
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		40 EAST 9TH STREET, APT. 2A	
Principal office address MUST BE A STRE		NEW YORK, NY 10003	
			17
Inter new mailing address, if applicable:		40 EAST 9TH STREET, APT. 2A	9CT -
(Mailing address MAY BE A POST OFFICE BOX)		NEW YORK, NY 10003	
	.		
 If amending the registered agent and egistered agent and/or the new registered or 	l/or registered o <u>Mice address her</u>	ffice address on our records, <u>en</u> e:	ter the name of the
Name of New Registered Agent:	TWE LAW OF	FICE OF PAUL A. KRASKER, P.A.	
New Registered Office Address:	1615 FORUM	PLACE, 5TH FLOOR	
Goldmark Allico Langella.		Enter Florida street address	
	WEST PALM	BEACH, Florida	33401
		City	Zin 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

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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 = Anthorized Member

<u>Tîtle</u>	Name	Address	Type of Action
AMBR	National Safe Harbor Exchanges	60 B. Rie Seledo Parkwey	
		Suite 1103	■ Remova
		Tempe, AZ 85281	□-Change
MGR	DAVID M. HALL	40 EAST 9TH STREET	Add
		APT ZA	☐ Remove
		NEW YORK, NY 10003	☐ Change
			C1 Add
			Remove
			□ Change F
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			D Add
			□ Remove
			Change

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(FAX)

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	ing any other information, enter change(s) here: (Attuch additional sheets, if necessary.)		
			
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I an effectiv Note: If the document's	inte, if other than the date of filing: c date it listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put it date in this block does not meet the applicable statutory filing requirements, this date will a effective data on the Department of State's records.	radiat to 6 Linet be, li	15.0207 (1160] As t
ie record The 901	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day after the record is filed.	the ear	lier of:
Dated	10/4 Jul Hall		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00

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October 5, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

121 LILY 1, LLC 60 E. RIO SALADO PARKWAY SUITE 1103 TEMPE, AZ 85281US

SUBJECT: 121 LILY 1, LLC

REF: L17000031350

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H17000261488 Letter Number: 617A00020149