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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
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JAN 0 8 2020 S. YOUNG

# **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJ	17 (717)	Trust Holdings-Oakland Park, I	LLC	
3000	ECT	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Steven Lippman		
		<del></del>	Name of Person	<del>_</del>
		National Companies		
			Firm/Company	<del></del>
		135 NW 100 Ave		
		1	Address	
		Ft. Lauderdale, Floirda 333	324	
		slippman@natlco.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Steven	Lippman		954 361-4560	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$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

19

Franzblau Trust Holdings-Oakland Park, LLC	EARL BOTT		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company	<u> </u>		
Florida document number L17000044337	ှ ့် ့ ယ		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
	<del></del>		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	c/o Smith Moses Morris & Associates		
(Principal office address MUST BE A STREET ADDRESS)	2125 S. Andrews Ave.		
Trincipal Office address in OBT DE TIBINEED THEORESO,	Ft. Lauderdale, Florida 33316		
Enter new mailing address, if applicable:	c/o Smith Moses Morris & Associates		
(Mailing address MAY BE A POST OFFICE BOX)	2125 S. Andrews Ave.		
	Ft. Lauderdale, Floirda 33316		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the ne</u> : <u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zip 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

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
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
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			□ Remove
			☐ Change

D. It amending any ot	her information, enter change(s)	) here: (Attach addition	al sheets, if necessary.)	
<del></del>				
	<del> </del>			
<del> </del>				
	<del></del>			
-				
(If an effective date is liste Note: If the date inse		pplicable statutory filing r	(optional) than 90 days after filing.) Pursuant to 605.6 equirements, this date will not be lister	
	s a delayed effective date, bu ter the record is filed.	it not an effective tim	ne, at 12:01 a.m. on the earlie	r of:
Dated	119			
<del>-</del>	Signature of a member or	authorized representative of	a member	
Mark Fran		administrative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00