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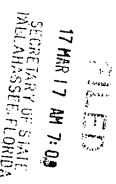
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| Special Instructions to | Filing Officer: | |
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COVER LETTER .

| الالال | ision of Corp | orations | • | • |
|-----------------------------------|---------------|---|---|---|
| SUBJECT: | 119th Ave V | Varehouse, LLC | | |
| Name of Limited Liability Company | | | | |
| | | | | |
| The enclosed | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspon | dence concerning this matter | to the following: | |
| | | | | |
| | | Jim Taubenfeld | | |
| | | | Name of Person | |
| | | Admincomp LLC | | |
| Firm/Company | | | | |
| | | PO Box 2399 | | , |
| | | | Address | |
| | | Toa Baja, PR 00951 | | |
| | | | City/State and Zip Code | |
| | | jtaubenfeld@admincomp.co | | |
| | | E-mail address; (t | o be used for future annual report notific | ation) |
| For further in | formation co | ncerning this matter, please ca | ıll: | |
| Jim Taubenfe | eld | | 787 626-9052 | |
| | Name of | Person | Area Code Daytime 7 | Felephone Number |
| | | | | |
| Enclosed is a | check for the | following amount: | | |
| ■ \$25.00 Fi | ling 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 Tailahassee, 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

| 119th Ave Warehouse, LLC | | |
|--|---|---------------------------|
| (<u>Name of the Limited Liability</u> (A Florida I | Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | mpany were filed on March 3, 2017 | and assigned |
| Florida document number L17000056042 | -• | |
| This amendment is submitted to amend the following: | (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) In for this Limited Liability Company were filed on March 3, 2017 and assigned 1,17000056042 In the new name of the limited liability company here: Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" as address, if applicable: UST BE A STREET ADDRESS) In the new registered office address on our records, enter the name of the new enew registered office address here: Inter Florida street address Enter Florida street address | |
| 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 "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | 20 |
| | | <u> </u> |
| | | R R |
| Enter new mailing address, if applicable: | | SEC 7 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 5 : N |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address | | enter the name of the ne |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Floric | |
| | 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 |
|--------------|-------------|-------------------------------|----------------|
| MGR | Mark Shub | | □ Add |
| | | | □ Remove |
| | | PO Box 2399 Toa Baja PR 00951 | ■ Change |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot b | ch 3, 2017 | | (optional) | |
| lote: If the date inserted in this block does not meet the | applicable statuto | ng or more than 90 da ry filing requireme | ays after filing.) Pursu nts, this date will n | ot be listed |
| ocument's effective date on the Department of State's re | ecords. | | | |
| named annificate delicity of the books of th | | | 0.01 n m | 0.00=110= |
| e record specifies a delayed effective date, bu The 90th day after the record is filed. | ut not an errec | ctive time, at 1. | 2:01 a.m. on tr | ie earner |
| March 15 2017 | - | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00