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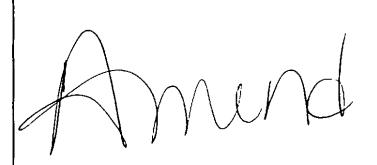
(R	equestor's Name)	· <u> </u>
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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## **COVER LETTER**

TO:

Registration Section

	Corporations		•	
WATER	SIDE 319 LLC			
Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	MATTHEW PERLMAN			
	WATERSIDE 319 LLC	Name of Person	<del></del>	
	1314 E. LAS OLAS BLVI	Firm/Company D., #1205		
	FORT LAUDERDALE, F	Address L 33301		
	MPTWO@AOL.COM	City/State and Zip Code		
	E-mail address:	(to be used for future annual report noti	fication)	
For further informatic	on concerning this matter, please of	call:		
MATTHEW PERLM	IAN	954 816-3330 at ( )		
Nar	ne of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	e S30.00 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)	
Rej Dir P.C	AILING ADDRESS: gistration Section vision of Corporations J. Box 6327 Ilahassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20197	200
-	_Pii 2:49
rds.)	— « <i>y</i>

WATERSIDE 319 LLC (Name of the Limited Liability Company as it now appears on our recon (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/4/17 and assigned Florida document number \_\_L17000059007 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	<u>Address</u>	Type of Action
MGR	MATTHEW PERLMAN	1314 E. LAS OLAS BLVD., #1205, FT. LAUD., FL 33301	□ Add
			В Кетюче
	MATTHEW PERLMAN LIVING TRUST DATED APRIL 24, 2018,	1314 E. LAS OLAS BLVD.,	Change
— <del></del>	AMBR C/O MATTHEW PERLMAN, TRUSTEE	#1205, FT. LAUD., FL 33301	Add
			Change
			Remove
			Change
<u>_</u>			
			□ Remove
			Change
<del></del>			Add
			□ Remove
			Change
<del></del>			O Add
		Remove	
			Change

, and name	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
If an effective <b>Note:</b> If th	ate, if other than the date of filing:
ne record The 90	specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier oth day after the record is filed.
Dated	3-28-19  Addition  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	MATTHEW PERLMAN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00