

L17000061542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

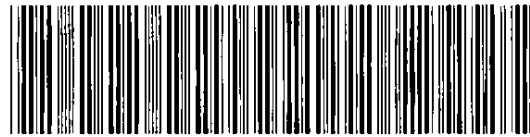
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32304

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10:21 AM

S. WARREN

JUL 06 2017



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: JULY 5, 2017

Account#: 120000000088

Name: MICHELLE WALKER

Reference #: T010762

Entity Name: 2495 NW 41 STREET LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

\*\*\*PLEASE RETURN A COPY OF THIS COVER SHEET WITH FILED EVIDENCE\*\*\*

Authorized Amount: \$25

\*\*Please call Michelle at 518-213-0737 if authorized amount is not enough. Thanks!!

Signature: Michelle Walker

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E RD ST, 10 FL  
NY, NY 10016  
800.221.0102  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
INCORPORATED IN UK  
6 BELVIS MARKS, 11TH  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
REGISTERED IN HONG KONG  
REINERUS PLAZA 12TH FL  
189 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803



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TALLAHASSEE, FL 32301  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2495 NW 41 Street LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOANNE GALY  
Name of Person  
2495 NW 41 Street LLC  
Firm/Company  
7750 Okeechobee Boulevard, Suite #4-571  
Address  
West Palm Beach, FL 33411  
City/State and Zip Code  
ADMIN@OAKESCAPITAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANNE GALY  
Name of Person  
646 502 7578  
at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

2495 NW 41 Street LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/16/2017 and assigned  
Florida document number L17000061542.

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)**

7750 Okeechobee Boulevard

Suite #4-571

West Palm Beach, FL 33411

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7750 Okeechobee Boulevard

Suite #4-571

West Palm Beach, FL 33411

**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

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:**

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STATE  
OF FLORIDA

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>	<u>Type of Action</u>
AMBR	W. DONALD REDFERN	445 PARK AVENUE	<input type="checkbox"/> Add
		2495 NW 41 Street LLC	<input checked="" type="checkbox"/> Remove
		NY, NY 10022	<input type="checkbox"/> Change
AMBR	Fletcher Capital Management LLC	7750 OKEECHOBEE BLVD.	<input checked="" type="checkbox"/> Add
		SUITE #4-571	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33411	<input type="checkbox"/> Change
MGR	JOANNE GALY	7750 Okeechobee Boulevard	<input type="checkbox"/> Add
		Suite #4-571	<input type="checkbox"/> Remove
		West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

PLEASE AMEND THE LLC INFORMATION AS FOLLOWS:

1. CHANGE MAILING AND PRINCIPAL ADDRESS TO:

7750 Okeechobee Boulevard, Suite #4-571, West Palm Beach, FL 33411

2. CHANGE SOLE MEMBER TO FLETCHER CAPITAL LLC, AT:

7750 Okeechobee Boulevard, Suite #4-571, West Palm Beach, FL 33411

3. UPDATE ADDRESS OF THE EXISTING MANAGER, MS. JOANNE GALY, TO:

7750 Okeechobee Boulevard, Suite #4-571, West Palm Beach, FL 33411

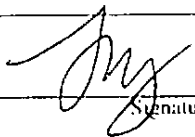
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 07/05/2017



Signature of a member or authorized representative of a member

JOANNE GALY, MANAGER

Typed or printed name of signee

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