

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC
Account Number : I20170000055
Phone : (239)308-9191
Fax Number : (239)552-4185

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

Email Address: ljs@salvatori.legal

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1960 E WEST PKWY FLEMING LAC LLC

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Corporate Filing Menu

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AND
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1960 E WEST PKWY FLEMING LAC 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 APRIL 28, 2017 and assigned
Florida document number L17000094818.

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**)

1800 S Ocean Drive

Hallandale, FL 33009

Enter new mailing address, if applicable:

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

1800 S Ocean Drive

Hallandale, FL 33009

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:

SALVATORI LAW OFFICE, PLLC

New Registered Office Address:

5150 TAMiami TRAIL NORTH, SUITE 304

Enter Florida street address

NAPLES

Florida

34103

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

LEO J. SALVATORI

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AND
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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	36-02 35th Ave. Development L.L.C.	15-32 127th Street, 2nd Floor	<input type="checkbox"/> Add
		College Point, NY 11356	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lawrence Cerullo	1800 S Ocean Drive	<input checked="" type="checkbox"/> Add
		Hallandale Beach, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.)*

F. Effective date, if other than the date of filing: 1/1/2021 (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 MARCH 17

2022

Signature of a member or authorized representative of a member

LAWRENCE CERULLO, AS AUTHORIZED MEMBER

Typed or printed name of signer

Filing Fee: \$25.00

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