L17000100850

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer;			

Office Use Only



200321586342

01/17/19--01025--002 **25.00

S TALLENT JAN 28 2019

9 Jan 17 PM 4: 01

John

COVER LETTER

то:	Registration Sec Division of Corp			
		NTY ROAD 101, LLC		
20R1F	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		SAMUEL J. CANTOR		
		SAMUEL J. CANTOR, P.	Name of Person A.	
		1001 YAMATO ROAD. S	Firm/Company :UITE 310	
		BOCA RATOB, FL 33431	Address	
		PATTY@SAMCANPA.CC		
For furth	er information co	E-mail address: (incerning this matter, please co	to be used for future annual report rall:	iotification)
PATRIC	ПА КОНЅМАЙ		561 982-9555 at()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed	l is a check for the	e following amount:		
■ \$25.	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

12427 COUNTY ROAD 101, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/05/2017	and assigned
Florida document number L17000100850		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		» <u>i</u>
		<u> </u>
Enter new mailing address, if applicable:		- <u>1</u>
(Mailing address MAY BE A POST OFFICE BOX)	APR COLUMN TO THE COLUMN TO TH	X (
		<u> </u>
		. · · · ••
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the
egistered agent and/or the new registered office address ner	<u>c</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
MGR	AMANDA LABELL	100 BASE AVENUE EAST	5
		VENICE, FL 34285	■ Add
			Remove
			☐ Change
MGR	BLAKE ANDERSON	100 BAE AVENUE EAST	
		VENICE, FL 34285	Add
			■ Remove
			☐ Change
			Add
			☐ Remove
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change

				
				
				
E 156600	rive data if ather than the de	to of filing:	(optional)	
Note	iffective date is listed, the date must be If the date inserted in this block ment's effective date on the Depar	does not meet the applicable s	(optional) e of filing or more than 90 days after filing statutory filing requirements, this date	.) Pursuant to 605.0207 (3)(1
	ecord specifies a delayed ef e 90th day after the record		effective time, at 12:01 a.m.	on the earlier of:
Dated	d JANUARY 14	2019		
	Sig	nature of member or authorized	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00