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Division of Corpo	rations			
SUBJECT: STO	3 SE 1-tobe Name of Lim	e Ridge LL	/ ب	
	Name of Lim	iited Liability Gompany		
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Alauna	Rubin		
		Name of Person		
	8863 SE	Hobe Rick	e LLC	<u> </u>
	4913 Bra	ndywine Dr		
	Boca Ra	City/State and Zip Code Wife amail	33487	<u></u>
	agemid	City/State and Zip Code Wife Commit	(FM	
-	F-mail address: (to be used for future annual re	port notification)	
For further information cond	erning this matter, please c	all:		
Alanna	Rubin	at (772_)	VIS-73	3/
Name of Pe	rson	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address:		Street Add	lress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

8863 SE Hohe Rid	age LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on (e 7 17	and assigned
Florida document number <u>L17600194770</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		-,
(Principal office address MUST BE A STREET ADDRESS)		
_		
		1020
Enter new mailing address, if applicable:		2020 HA
(Mailing address MAY BE A POST OFFICE BOX)		1
		-p
_		
B. If amending the registered agent and/or registered office add	ress on our records, enter the nam	e of the new regi
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 provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing the statement of the proper and complete per accept the obligations of my position as registered agent as providing the property of	formance of my duties, and I am fe	amiliar with ana

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Steve Rubin	4913 Brandymine Dr	🗆 Add
		Boca. Raton FZ 33487	□Remove
•			Change
MGRM Alanna Rubin	Alanna Rubin	4913 Brandymne Dr	🗆 Add
	Boca Ration FL 33487	□Remove	
			Change
			🗆 Add
			□Remove
			□Change
			□ Add
		-	□Remove
			□Change
		□Add	
		□Remove	
	 		□Change
		□ Add	
			□Remove
			□Change

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(If an effective d Note: If the o	te, if other than the date of filing:
he record speci ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to
Dated	4/28 2020
	G_{1} G_{2}
	Signature of a member or authorized representative of a member