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03/04/20--01088--018 *

MAY '2' ZOZO C MCHAIR

TO: Registration Section Division of Corporation				20
SUBJECT:	865 SE HO	ber Ridge: LL	C	. 19
	Name of Lim	ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Alan	Name of Person		
	8865	SE Hope R	idge LL	<u></u>
	4913 B	randywine Or	^	
		Address		
	воса	City/State and Zip Code	FL 3348	7_
-	E-mail address: (City/State and Zip Code Output Outpu	mail (0)	<u> </u>
For further information conc	erning this matter, please c	all:		
Alga	M Rubin	at (772)	a15-73	3 <u> </u>
Name of Pe	erson	Area Code	Daytime Teleph	one Number
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enci		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address:		Street Ad	ldress:	

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

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

TO ARTICLES OF ORGANIZATION OF

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8865 5	E Hobe	Ridge	LLC	E.
(Name of the Limit	ted Liability Company (A Florida Limited Liab	as it now appea	rs on our records.)	
The Articles of Organization for this Limited L	iability Company wo	ere filed on	6/7/17	and
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited liabilit	y company he	ere:	
The new name must be distinguishable and contain the w	vords "Limited Liability	Company," the c	designation "LLC" or the	abbreviation
Enter new principal offices address, if applic	_			
(Principal office address MUST BE A STREE	T ADDRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
				
B. If amending the registered agent and/or ragent and/or the new registered office addres		tress on our r	ecords, <u>enter the na</u>	ıme of the ı
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Floi	rida street address	
		Citv	, Florida _	Zip Coa
				- 10 COU

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 conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this does being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liab company has been notified in writing of this change.

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	<u>T</u> y _j
MGRM	Hanna Rubin	1913 Brandymne Pr	
		Boca Raton, FZ 33487	E
			ţ
MERM	Steve Rubin	Ster 4913 Brandymne Dr	⊏
		Poxa Raton, FL 33487	
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(If an effective Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant date inserted in this block does not meet the applicable statutory filing requirements, this date will not effective date on the Department of State's records.
e record spec ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th delayed
Dated	4/28 2020
_	Signature of a member or authorized representative of a member

EU: D COCO