

L17000/48435

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000205012 3)))



H170002050123ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : MCDONALD HOPKINS CO., PA
Account Number : 120050000183
Phone : (561) 472-7510
Fax Number : (561) 472-2975

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
9354 SW 3RD STREET 604, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

AUG - 7 2017

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2017 AUG - 4 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 AUG - 4 AM 11:02

FILED

(((H170002050123)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9354 SW 3RD STREET 604, 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:

Jaimie Paul

Name of Person

McDonald Hopkins LLC

Firm/Company

505 S. Flagler Drive, Suite 300

Address

West Palm Beach, Florida 33401

City/State and Zip Code

matt@coloreskakuk.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaimie Paul

at 561 472-2121

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 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

(((H170002050123)))

(((HT70002050123)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2017 AUG -4 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9354 SW 3RD STREET 604, 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 July 11, 2017 and assigned
Florida document number L17000148435

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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

(((HT70002050123)))

(((HT70002050123)))

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	MATYAS KAKUK	10103 Hunt Club Lane	☒ Add
		Palm Beach Gardens, FL 33418	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2017 AUG -11 AM 11:02
 FILED
 COURT CLERK
 HIGHLAND COUNTY
 FLORIDA

(((HT70002050123)))

((H170002050123))--

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

FILED
2017 AUG -4 AM 11:20
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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 entered in this block does not meet the requirements of 605.0207 (3)(b), the date must be entered in the "Effective Date" block.

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 August 2

Signature of a member or authorized representative of a member

MATYAS

KAKUK

Typed or printed name of signer

((H170002050123)))

٢٠