## L17000160357

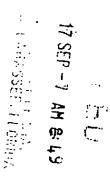
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## COVER LETTER

	gistration Section of Corp		·	
SUBJECT:	120 EDMUN	ID I.LC		
SUBJECT.		Name of Lin	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Gary Agenord		
			Name of Person	<del></del>
		Money Tree Advisors		
			Firm/Company	<del></del>
		8358 W. Oakland Park Blv	rd, Ste 104	
			Address	<del></del>
		Sunrise, FL 33351		
			City/State and Zip Code	<del></del>
		tmt365group@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For further in	formation con	cerning this matter, please ca	all:	
Gary Agenor	rd 		954 740-0512 at ( )	
	Name of P	erson		: Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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

120 EDMUND LLC				
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)		<del></del>	
The Articles of Organization for this Limited Liability	Company were filed on 07/27/2017	ane	d assi	gned
Florida document number L17000160357	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the ab	obreviatio	n "L.l.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD.	RESS)			
		-		
			<del></del>	
Enter new mailing address if applicable			17	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	얾	<del>_</del>		
Endang datess MAT BE A POST OFFICE BOX		1	<u>⊸Dj</u>  -	<del></del>
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B. If umanding the projectional and the second		~	<u> </u>	: T
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter:	the na	ne o	fethe nev
			ŗ.	
Name of New Registered Agent:	•	T#		
Name of New Registered Agent.				
New Registered Office Address:		<u> </u>	_	
	Enter Florida street address			
	Florida			
	City	Zip Ce	ode	

## 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
AMBR	BONITA PROPERTY MANAGEN	2233 SW 47TH ST	Add
		FORT LAUDERDALE, FL 33312	■ Remove
		<del></del>	Change
AMBR	BONITA PM, INC	2233 SW 47TH ST	<b>\</b> Add
		FORT LAUDERDALE, FL 33312	☐ Remove
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fective date, if other than the date of filing:  m effective date is listed, the date must be specific and cannot be prior	to date of filing or m	ore than 90 days after	Tilino \ Purena	nt to 605 02:
ote: If the date inserted in this block does not meet the application occument's effective date on the Department of State's records.	able statutory filin	g requirements, this	date will no	t be listed a
erecord specifies a delayed effective date, but no The 90th day after the record is filed.	t an effective t	ime, at 12:01 a	i.m. on the	e earlier (
ated August 1 2017				
$\mathcal{W}$				
Signature of a member or author				

Page 3 of 3

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