217000178343

(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



600302867636

600302867636 08/24/17--01026--016 *+60.00

2017 AUG 24 AM 9: 57

J. HARRIE

COVER LETTER

SUBJECT: DENERY LANE CAPITAL 87, C.C. 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: REY GRABATO Name of Person Name of Person Name of Person Address Security Address Lean Cuts Firm Company 1325 Paterson Plank Rd, Sec.: (C. Address) Security Address and Zip Code Femal address: (to be used for future annual report notification) For further information concerning this matter, please call: Tina Colombo Name of Person Area Code 1207 210 - 2727 Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status & Certificate Status & Certific			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	REY G	RABATO	
		Name of Person	
	NRIA	7	
		Firm Company	
	1325 Pater	son Plank Rd,	Sec. FC
	Secau ci	w NJ 07094	<i></i>
	FCG (E-mail address: (Ortia. Net to be used for future annual report notif	I for filing. following: BATO Name of Person Firm Company Plank Rd, Sec: FC Address Vistate and Zip Code Oria. Net sed for future annual report notification) at (201) Area Code Daytime Telephone Number \$55.00 Filing Fee & Certificate of Status & Certificate of Status &
For further information e			
	mbo	at (20/) 2/0	-2727
Name o	t Person	Area Code Daytime	· Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

DENERY LANE CAPITAL 87, CCC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Freducia Ellinted E	amany Company (
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000178343</u>	were filed on $\frac{Aug 21, 2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
DENERY LANE CAPITAL 8.37. The new name must be distinguishable and contain the words "Limited Liabil	LC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1325 Paterson Plank Rd. Second Floor Secaucus NJ 07094
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address hero Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida Cuy Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agreenowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
If Char	nging Registered Agent, Signature of New Registered Agent
Page	er, 🎎 14

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
			Add
			Remove
			Change
			Add
			□ Remove
			□ Remove
			□ Change
			Remove
			⊃ □ Change
		<u> </u>	AGD AGD
			Remove 1
			Ç. □ (Mange
			Add
			Remove
			☐ Change

		·			
		•			
					
					
			·		
	<u>.</u>				
					
				·	
fective date, if other than in effective date is listed, the date inserted in the date inserted in the date inserted in the date inserted in the date	is block does not mee	t the applicable statutor	(op ng or more than 90 days a ry filing requirements, t	otional) fier filing.) Pursuant t this date will not b	o 605,020 e listed a
cument's effective date on the	e Department of Stat	e s records.			
record specifies a dela The 90th day after the		e, but not an effec	tive time, at 12:0	1 a.m. on the e	earlier o
	record is med.) ./			
$\frac{8/23/20}{20}$	7 / · · · ·	<u>/</u>			
	HA		>	Ā.	241
	Signature of hines	mber or authorized represe		177 6 24 24 22 14	2817 Aug.
	RE	Y GRABA		## 14 20 24 20 24	123
	T	sped or printed name of si	fuce		
				•-	
		Page 3 of 3		· -	त्र त्रे

Filing Fee: \$25.00