## 117000178605

(Re	equestor's Name)	<del> </del>
(Ac	ldress)	
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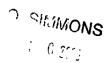
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FILED

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA



## **COVER LETTER**

4O: Registration Section Division of Corporations
SUBJECT: 2501 West New Haven LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Lynn Mallak Name of Person  2501 West New Haven, LLC Firm/Company  1344 S. Apollo Blvd., Suffe 400  Address
1344 S. Apollo Blvd., Suite 400
Melbourne, FL 32901  City/State and Zip Code  MallakL@cfl.rr.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lynn Mallak at (321) 723-4891 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee S25.00 Filing Fee Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2501 West New Have (Name of the Limited Liability Companies (A Florida Limited Liability)	ICN LLC  iv as it now appears on our records,) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $8/21/2017$ and assigned
Florida document number <u>L 17000178605</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	,
Enter new principal offices address, if applicable:	2501 W. New Haven Ave. West Melbourne, FL 32904
(Principal office address MUST BE A STREET ADDRESS)	West Melbourne, FL 32904
Enter new mailing address, if applicable:	1344 S. Apollo Blvd. Salte 400 Melbourne, FL 32901
(Mailing address MAY BE A POST OFFICE BOX)	Salte 400
	الله الله الله الله الله الله الله الله
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	PORT 22 F
	<u> </u>
New Registered Office Address:	Enter Florida street address
	Florido
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent;	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being 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

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Title <u>Address</u> Type of Action National Safe Harbor Exchanges 60 E. Rio Salade Parkway 1 Add Ste. 1103 Tempe AZ 85281 11 Change 1344 S. Apollo Blud & Add AMBR Craig Deligdish Melbourne FL 3290 to Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove \_□ Change ... \_□ Add ☐ Remove

\_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

mending	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)	100 to
	, '	
<del></del>		
		<del></del>
effective d e: If the c	te, if other than the date of filing:	suant to 605.0207 (3)(1 not be listed as the
record s ne 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to day after the record is filed.	the earlier of:
ed <i></i>	February 27 . 2018.	
	Signature of a member or authorized representative of a member	
	Craig Deligdish	

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Filing Fee: \$25.00