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E CONTRACTOR OF STATE
ALLASSSEE FLORID

S. WARREN ROV 1 5 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	COVE LANE LLC			
(Name of the Limit	ed Liability Company as it r (A Florida Limited Liability (ow appears on company)	our records.)	
The Articles of Organization for this Limited Li		led on	August 25, 2017	and assigned
Florida document numberL1700015415				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability con	npany here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Comp	any," the design	ation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applic	able: 7841	7841 SW-102ND LN		
(Principal office address MÚST BE A STREE	TADDRESS) MIAN	II, FLORIDA	33156	·
•		 ·		
Enter new mailing address, if applicable:				7 NON 2
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
	·	_		
				. 55 T .
B. If amending the registered agent and/ registered agent and/or the new registered of		dress on oui	records, <u>enter</u>	the mame of the n
Name of New Registered Agent:	PATRICH	VIVIES	CPA PA	
New Registered Office Address:	700 E. DAN	A REAC	H BLVD	STE 202
		Enter Florida si	reet address	
	DANIA		, Florida	33004
	City			Zıp 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.

JEAN - DAVID GANEM

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 i Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SARRE, CHRISTOPHE	7841 SW 102 nd LN	
		MIAN1 FL 33156	
			☑ Change
			Remove
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			Remove T
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			Change D
			□ Remove
			☐ Change

amending any other informati	on, enter change(s) here: (Attach additional sheets, if neo	cessary.)
	· · · · · · · · · · · · · · · · · · ·	
 		
		
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lote: If the date inserted in this bloo ocument's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after the does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 rd is filed.	a.m. on the earlier o
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	ignature of a member or authorized representative of a member	N 1 PH
	againstic of a member of authorized representative of a member	PR -
	Christophe SARRE	70
	Typed or printed name of signee	<u> </u>

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