L1700192627

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: 3	188 S E 12th	ST LLC			
	Name of Lir	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Richard	P. Rinaldo			
		Name of Person			
		Firm/Company			
	2 800 N	C 14th St 110.t	204	دع ٠	
		Address Disch FL 3 City/State and Zip Code	201 6	5314 N.C.1 - 0	Ţ
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	_ FOMPani	D Deach F L 3 City/State and Zip Code	23062	۱ ۱ د.	
		111 @ yahoo. Com			ί,
			ication)		
For further information c	concerning this matter, please c	all:		. ?	
Richard F	Rinaldo	at (908) 578 - 4	1229		
Name o	f Person	Area Code Daytime	: Telephone Number	_	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing		
	Certificate of Madis	(additional copy is enclosed)	Certificate of Certified Cop	ру	
			(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

3188 SE 12th S	T LLC.
3188 SE 12 th S (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17600192627</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company to the limited liability company to the limited liability company.	were filed on Sept 15, 2017 and assigned Sept 15, 2017 Sept 15 Sept 1
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Pompano Beach FL 33062
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2800 NE 14th St Unit 204 Pompano Beach FL 33062
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
	chard P. Rinaldo
New Registered Office Address: 280	ONE 14th St Unit 204 Enter Florida street address
Pompo	Enter Florida street address O NE 14th St Unit 204 Enter Florida street address O Beach Florida 33062 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·

New Registered Agent's Signature, it 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>	Name	Address	Type of Action
<u>AMB</u> R	Richard P Rinaldo	2800 NE 14th ST	XAdd
		Unit 204	
		Unit 204 Pompano Beach FL 330	Change
			Add
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fective date, if other than the date of filing: meffective date is listed, the date must be specific and cannot be prior to date of filing or more the ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) an 90 days after filing.) nirements, this date v	Purstant to	o 605,020 : listed a
record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	, at 12:01 a.m. c	on the e	arlier o
ned 10/08/2018			
			-
Signature of a member or authorized representative of the	nember		

Page 3 of 3

Filing Fee: \$25.00