L17000 201766

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K. SALY NOV 2 1 2017

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: <u>CC 1601</u>	N WOODLAND BLVD DE Name of Lim	LAND FL, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian A George		
		Name of Person	
	Calas Group		
		Firm/Company	
	2000 Ponce de Le	on BLVD	
	Coral Gables Flor	Address ida 33134	
		City/State and Zip Code	
	bgeorge@calas.us		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Brian A	A George		
		at (305) 299 08 1	2
Name c	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing 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)
Regist	ING ADDRESS: ration Section	STREET/COURI Registration Section	n
Division of Corporations P.O. Box 6327		Division of Corpor Clifton Building	ations
	assee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

ZOITMON ZO PH 1: 26

TALLAMASSEE, FLORIDA 09/29/2017

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

CC 1601 N WOODLAND BLVD DELAND FL, LLC

The Articles of Organization for this Limited Liability Co	ompany were filed on	<u>09/29/2017</u> and assigned			
Florida document number <u>L17000201766</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	<u></u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
registered agent and/or the new registered office address Name of New Registered Agent:	ess here:				
New Registered Office Address:					
	Enter Flo	orida street address			
		, Florida			
	•	Zip Code			
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of ent as provided for in	f my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is			
	If Changing Registered A	agent, Signature of New Registered Agent			

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LEONARDO ZANELLA	3409 SW 171ST TERRACE, MIRAMAR FL 33027	Add
			Remove
			Change
			Add
			□ Remove
			Change
		A	Add
			Change
			L STANGE
			□ Remove
			Change
			□ Add
		 	□ Remove
			□ Change
			□ Add
			□ Remove
			Change

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	Sc 70 Pm
	THASSEE SIATE
	TALLAHASSEE SIATE
	_ _
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	<u> </u>
Effect	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
1 (1) 1 (1)	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
Note:	their 5 cheerve date on the Department of State 5 records.
Note:	them a creetive date on the Department of State a records.
Note: docur ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
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Note: docur ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
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Filing Fee: \$25.00