

05/09/2019 14:26
5/9/2019

5618262529

SIMON & SIGALOS, LLP

PAGE 01/04

LIT00072933S
(((H19000153738 3))) Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000153738 3)))



H190001537383ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SIMON & SIGALOS, LLP
Account Number : I19990000176
Phone : (561)447-0017
Fax Number : (561)447-0018

FILED
MAY -9 A 2:38
KELAMHOSSE, FLORENCE

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: msimon@simonsigalos.com

2019 MAY -9 PM 2:17

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CITYWALK COMMERCIAL PROPERTY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

D SCOTT

Electronic Filing Menu

Corporate Filing Menu

MAY 10 2019
Help

(((H19000153738 3)))

(((H19000153738 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Citywalk Commercial Property, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/06/17 and assigned
Florida document number L17000229335

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael W. Simon

New Registered Office Address:

3839 NW Boca Raton Blvd, Suite 100

Enter Florida street address

Boca Raton

Florida 33431

City

Zip 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.


If Changing Registered Agent, Signature of New Registered Agent

(((H19000153738 3)))

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

Title	Name	Address	Type of Action
AMBR	Donald D. Redfeam	110 SE 2ND ST SUITE 101 DELRAY BEACH, FL 33444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Alexander Redfeam	110 SE 2ND ST SUITE 101 DELRAY BEACH, FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Morgan N. Russell	1702 Clydesdale Ave. Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

(((H19000153738 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

210 NY - A A 2138
WILLIAMS, FLORENCE

E. Effective date, if other than the date of filing: _____ (optional)
If an effective date is listed, the date must be specific and cannot be "as soon as practicable."

(If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated May 8 2019

Signature of a member or authorized _____

Morgan N. Russell

Typed or printed name of signee