## L17000234062

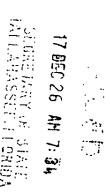
(Request	or's Name)	
(Address)	<u> </u>	
(Address)		
(City/Stat	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Rusines:	Entity Name)	
(Dasines)	, chiny marrier	
(Docume	nt Number)	-
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only



900306904099

12/26/17--01031--022 \*\*25.00



## COVER LETTER

TC	D: Registration Se Division of Cor			
en.	BJECT: 2400 TAF			
.50	DJECT.		nited Liability Company	<del></del>
The	e enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Ple	ase return all correspo	ondence concerning this matter	to the following:	
		ARNALDO CASTILLO		
			Name of Person	
			Firm/Company	
		13400 SW 16 COURT		
			Address	
		DAVIE FLORIDA 33322	5	
			City/State and Zip Code	<del></del>
		CIAFC68@GMAIL.COM		
		E-mail address: (	to be used for future annual report notif	ication)
For	further information e	oncerning this matter, please ea		
ER	IC CASTILLO		954 274-5575	
	Name o	Person	at () Area Code Daytime	Telephone Number
Enc	closed is a check for th	te 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2400 TAFT, 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 $\frac{\text{NOVEMBER 14, 2017}}{\text{Elorida document number}}$ .	and assigned
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	e 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, entered agent and/or the new registered office address here:  Name of New Registered Agent:	er the name of the new
	SS 2
New Registered Office Address:  Enter Florida street address	21× 0 1
——————————————————————————————————————	Zip (Fide.
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

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>	<u>Name</u>	Address	Type of Action
MGR	ARNALDO CASTILLO	13400 SW 16 COURT	
		DAVIE FL. 33325	■ Remove
			Change
			□ Remove
		<del>-</del>	Change
		<del></del>	
			Remove
			Change
<del></del>			
			Remove
			☐ Change
			O Add
			Remove
		<del></del>	Change
			□ Add
			□ Remove

		<u> </u>	<u>, -</u>		<del></del>
	<del></del>		<u> </u>	<del></del>	
					<del> </del>
<del> </del>					<u></u>
					<del></del>
		<u> </u>			,!
				<u></u>	<b>BEC</b> 2
			<u> </u>	<del></del>	- SS - 6
					三 三 三
			<del></del> .		
				·	57
		<u> </u>			
f an effective date is lis <b>Note:</b> If the date ins	ther than the date of ted, the date must be speci- certed in this block does date on the Departmen	filing: fic and cannot be prior s not meet the applic	cable statutory filing	one than 90 days after fig g requirements, this c	line ) Pursuant to 605 02
	es a delayed effect ofter the record is f	ive date, but no ïled.	ot an effective t	ime, at 12:01 a.	m. on the earlier
e record specific The 90th day a				<del></del> -,	
The 90th day a	20, 2017	<del></del> -			
The 90th day a		e of a member or auth			

Page 3 of 3

Filing Fee: \$25.00