

18000014008

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEB 03 2019
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lombardy by the Sea LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mitchell W. Bruckner
Name of Person
Mitchell W. Bruckner CPA PA
Firm/Company
4200 N. University Dr. A106
Address
Lauderhill FL 33351
City/State and Zip Code
mitch@brucknercpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitch Bruckner at (954) 141-0381
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lombardy by the Sea 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 1/16/2018 and assigned
Florida document number L18000014008.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Veronique Quaknine	163 Gordon Road #163	<input type="checkbox"/> Add
		Toronto, Canada M2P1E7 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Veronique Quaknine	163 Gordon Road #163	<input checked="" type="checkbox"/> Add
		Toronto, Canada M2P1E7 CA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bernard Elahrrar	163 Gordon Road #163	<input type="checkbox"/> Add
		Toronto, Canada M2P1E7 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bernard Elharrar	163 Gordon Road #163	<input checked="" type="checkbox"/> Add
		Toronto, Canada M2P1E7 CA	<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

E. Effective date, if other than the date of filing: _____ (optional)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

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2018

Signature of a member or authorized representative of a member

Mitchell W. Bruckner

Typed or printed name of signee

[illegible]