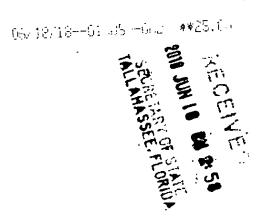


(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
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JC5, 176

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	2119 Mckir	nley LLC		
SUBJECT	-	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		Matthew Holtz		
			Name of Person	
	Weinkle Abergel Law Group LLC			
-			Firm/Company	Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy
		605 Lincoln Road, Suite	250	
			Address	
		Miami Beach, Florida 33	139	
		matthew@waplawgroup.c	City/State and Zip Code	
		· · · · · · · · · · · · · · · · · · ·	to be used for future annual report notifi	cation)
For further i	information co	oncerning this matter, please ca	all:	
Jordan Weinkle			305 3306928 at ()_	
	Name o	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

2119 Mckinley LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L18000014481	were filed on January 16, 2018 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLLC."				
Enter new principal offices address, if applicable:	605 Lincoln Road, Suite 250				
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, Florida 33139				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	605 Lincoln Road, Suite 250 Miami Beach. Florida 33139				
registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter manual of the n				
New Registered Office Address:	Enter Florida street address				
	, Florida				

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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Note: If the o	Jute inserted in th	the date of filing must be specific and his block does not r he Department of S	neet the applica	ipie statutory ini	(0 more than 90 days a ng requirements,	ptional) ilter filing) Pursa this date will no	ant to 605,0207) at be listed as (
ne record s The 90th	pecifies a deli day after the	ayed effective or record is filed.	date, but no	t an effective	time, at 12:0	1 a.m. on th	e earlier of:
esa	Lu	. 19	2018	 ·			
Dated		// /	1//				
Dated		ME	192	orized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00