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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			<u></u>
SUBJEC	Margate Bl	vd, LLC		
SUBJEC	-1: <u></u>	Name of Limi	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Mary Brooks		
			Name of Person	
			Firm/Company	
		3225 McLeod Drive, Suite	100	
			Address	
		Las Vegas, Nevada 89121		
			City/State and Zip Code	
		mbrooks@andersonadvisors		
			to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all;	
Mary B	rooks		800 706-4741 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	l 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)	□ \$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

Margate Blvd, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co.	4 appears on our records,) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L18000019846	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ry," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. 26
Principal office address MUST BE A STREET ADDRESS)	
	سسب سند سند با
	21
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX	Ę. Ú
Multing utdatess MAT BEATOST OFFICE BOX	5.
3. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ress on our records, <u>enter the name of the</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	Florid.
City	, Florida 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>	Address	Type of Action
MGR	Beeran Bhagwandeen	1718 Capitol Ave.	
		Cheyenne, WY 82001	□ Remove
			Change
MGR	Deborah Bhagwandeen	1718 Capitol Ave.	Add
		Cheyenne, WY 82001	Remove
			☐ Change
			Add
			☐ Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change

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	<u> </u>			
Note: If the date inserted in	date must be specific and cannot be a this block does not meet the apon the Department of State's reco	pplicable statutory filing req	(optional) nan 90 days after filing.) Pursuant to uirements, this date will not be	605.0207 listed as
ne record specifies a d The 90th day after t	lelayed effective date, but he record is filed.	t not an effective time	, at 12:01 a.m. on the ea	arlier of
Dated May 23	2019			
Dateu	00.1	410/		

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Typed or printed name of signee

Filing Fee: \$25.00