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(Re	equestor's Name)	-
(Ãd	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Name Change

JAN 31 2019

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporation		•		
SUBJECT:	54 NW S	56 CT LLC nited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Ala	Name of Person		
		Firm/Company	 _	
	SIO Enc	lave Circle We	st	
_	Pembrok Sell Your Ho	City/State and Zip Code Me 100 & GMail to be used for future annual report notifi	33027 L. COM	19 5
For further information conc			,	9
Alan Lille Name of Pe	1 rson	at (954) 559 - Area Code Daytime	Telephone Number	5. S.
Enclosed is a check for the fo	ollowing amount:			Ĭ.
💢 \$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 State Certified Copy (additional copy is enc	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2019

ALAN LILLY 510 ENCLAVE CIRCLE WEST PEMBROKE PINES, FL 33027

SUBJECT: 54 NW 56 CT LLC Ref. Number: L18000030154

We have received your document for 54 NW 56 CT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 819A00000502

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

54 NW	56	CT	LLC	3	مهانيد. د د د د
(Name of the Limited Li (A F	ability Comp orida Limited	any as it now ap Liability Compa	pears on our records. ny))	0
The Articles of Organization for this Limited Liabili		y were filed on	02/02/2	018 and assig	ned ²)
Florida document numberL\8 0000 2	2012.4				
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited lial	oility compan	y here:		
WISE INVESTME The new name must be distinguishable and contain the words	LITS "Limited Liab	54 ility Company."	the designation "LLC"	or the abbreviation "L.L.	
Enter new principal offices address, if applicable		7	Ü		
(Principal office address MUST BE A STREET A					
Enter new mailing address, if applicable:	_				···
(Mailing address MAY BE A POST OFFICE BOX	<u>O</u>				
				1	
B. If amending the registered agent and/or registered agent and/or the new registered office	• .		on our records,	enter the name of	the new
Name of New Registered Agent:					
Name Bookstored Office Addresses					
New Registered Office Address:		Enter	Florida street address		
_			, Flor		<u></u> _
		City		Zip Code	
New Registered Agent's Signature, if changing Regis		_			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi- company has been notified in writing of this cha-	nd complete ed agent as stered offic	e performanc provided for	e of my duties, and in Chapter 605, F	l I am familiar with S.S. Or, if this docum	and ent is
	-3				1

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, and add	dress of each person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
- 			
			□ Remove
			Change
			Remove
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anic	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effe Note:	ve date, if other than the date of filing:	07 (3)(b is the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
Dated _	01/18, 2019.	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00