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SECRETARY OF SIATIONS DIVISION OF CORPORATIONS

N COOPER AUG 1 0 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1720 MANATEE UC 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:
Mike Edmonson Name of Person
Masky a Harper, UP
525 SE GT, Aul Soide B
Delray Beach For 33483 City/State and Zip Code Mike @ Mirslay and Halper, OM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mke Ekuonson at (Sb1), 498 - SF33 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: A \$25.00 Filing Fee \$ \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

1720 Mana	100 /	
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on $\frac{2}{7}/\frac{2018}{}$	and assigned
Florida document number <u>L 18000D 349</u> 0	65	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	•
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	13805 Viale Ver	1671a
(Principal office address MUST BE A STREET ADL	Delsay Beach	FE 33441
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or reg		the name of the new
registered agent and/or the new registered office ad	<u>laress here</u> :	ECRE SION AUG
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	-7
New Registered Office Address:		PAR RECE
	Enter Florida street address	3: 0
	, 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>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			
			☐ Remove
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f fecti an effi	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur	suant to f	SOS 0201
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	not be l	isted as
ocum	ent serietive date on the Department of State s records.		
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the ear	rlier c
The	90th day after the record is filed.		
	Signature of a member or authorized representative of a member		
ated	06/25/2010		
	Kiloloe Ducas		
	Signature of a member or authorized representative of a member		
	NICOLAE IONESCEE Typed or printed name of signee		
	//// COA #/=		

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Filing Fee: \$25.00