## 118000055161

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDIE		lve Oaks Way, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Monica Moreno, Senior Pa	aralegal	
		<del> </del>	Name of Person	
		McDonald Hopkins LLC		
			Firm/Company	
		600 Superior Avenue E., S	Suite 2100	
			Address	
		Cleveland, OH 44114		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	her information c	oncerning this matter, please ca	all:	
Monica	Moreno		216 348-5406	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d 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

11370 Twelve Oaks Way, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000055161</u> .	were filed on 3/1/2018	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 Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11390 Twelve Oaks Way, Apt. 521	2811 SE
(Principal office address MUST BE A STREET ADDRESS)	North Palm Beach, FL 33408	Eg z n
		20 man
Enter new mailing address, if applicable:	11390 Twelve Oaks Way, Apt. 521	
(Mailing address MAY BE A POST OFFICE BOX)	North Palm Beach, FL 33408	SE 19 1
		DA B
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		r the name of the nev
New Registered Office Address:		
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>	Address	Type of Action
AMBR	David Abis, Trustee	11390 Twelve Oaks Way, Apt. 521	Add
		North Palm Beach, FL 33408	□ Remove
			☐ Change
			Add
			Remove
			☐ Change
	-		□ Add
			Remove
			Change
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		·-	Add
			A Section Remove  A Figure 1 And A Section 1 A
			SRATE Move
			Change

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Alexa Guevara, Authorized Representative	Alexa Guevara, Authorized Representative	ated March 15	Signature of a		ed representative of a	member	AHAT A	1
Typed or printed name of signee	Typed or printed name of signee	Alexa Gueva	ra Authorized Represen	tative			SE ₹ w	-
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Filing Fee: \$25.00