L18000

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Cor	porations		
cup incr.	1489 Unit 355, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ANA AMADOR	
		Name of Person	
	В	ERGER SINGERMAN, LLP	
		Firm/Company	
	35	0 E. Las Olas Blvd, Suite 1000	
		Address	
		Ft. Lauderdale, FL 33301	
		City/State and Zip Code	-
	-	rover@grovercorlew.com	
•	E-mail address: (to be used for future annual report noti-	fication)
For further information co	oncerning this matter, please c	all:	
Ana J Amador		954 712-5182	
Name of	Person	at ()at ()	e Telephone Number
Enclosed is a check for th	e 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

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

	UNIT 355, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document numberL18000067133	npany were filed on 03/14/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or t	<u>ب</u> بـر
Enter new principal offices address, if applicable:		HAR
(Principal office address MUST BE A STREET ADDRE	<u></u>	ARY OF S
Enter new mailing address, if applicable:		ORID ORID
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid:	a
	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
MGR	ANUJ GROVER	2335 E. Atlantic Blvd. #300	
		Pompano Beach, FL 33062	■ Remove
			□ Change
MGR	MARK E. CORLEW	2335 E. Atlantic Blvd. #300	Add
		Pompano Beach, FL 33062	≅ Remove
			Change
MGR	GR 1489 MORTGAGEE MANAGEMI	2335 E. Atlantic Blvd. #300	Add
		Pompano Beach, FL 33062	☐ Remove
			☐ Change
		-	Add
			Remove
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fan effective date is listed, the da Note: If the date inserted in	n the date of filing: te must be specific and cannot be prior to date of filing or more than his block does not meet the applicable statutory filing require the Department of State's records.	90 days after filing.) Pursuant to 605,020
e record specifies a de The 90th day after th	ayed effective date, but not an effective time, a e record is filed.	at 12:01 a.m. on the earlier o
Dated March 14	. 2018	
	Signature of a nlember or authorized representative of a me	moer
	Ana Amador Typed or printed name of signee	

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Filing Fee: \$25.00