118000075452

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SCORE LANGE STATE

HROS 2019 J. HARRIE

COVER LETTER

TO:	Registration Sec Division of Corp							
SIIB IE	374 Paul's	Lane, LLC						
Name of Limited Liability Company								
		Amendment and fee(s) are submodence concerning this matter to	_					
		Robert Kramer						
Name of Person								
Robert Kramer, P.C.								
Firm/Company								
		Firm/Company 232 Locust St. Address Philadelphia, PA 19106						
		Philadelphia, PA 19106						
City/State and Zip Code								
For fur	ther information co	oncerning this matter, please ca	•	anon)				
Rober	t Kramer		215 923-1488					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclose	ed is a check for th	e following amount:						
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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**

374 Paul's Lane						
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)				
ne Articles of Organization for this Limited Liability Company were filed on March 23, 2018 and assigned orida document number L18000075452						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lial	bility company here:					
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	LC" or the aboreviation "L.L.C."				
Enter new principal offices address, if applicable:	100 S. Pointe Drive	58 5 71				
Principal office address MUST BE A STREET ADDRESS)	Townhouse 3 - Continuui	m 25 20 20 20 20 20 20 20 20 20 20 20 20 20				
	Miami Beach, FL 33139	20 € 10 E 1				
Enter new mailing address, if applicable:	100 S. Pointe Drive	FLORE STA				
Mailing address MAY BE A POST OFFICE BOX)	Townhouse 3 - Continuus	m 5m 5				
	Miami Beach, FL 33139					
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		rds, enter the name of the				
Name of New Registered Agent:						
New Registered Office Address: 100 S. Pointe	Enter Florida street ad					
Miami Beach	. FL	Florida: 33139				
	City	Florida 33139 Zip Code				
New Registered Agent's Signature, if changing Registered Agent	•	/r				

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 Type of Action Title **Address Name** ∠Ó Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Remove ☐ Change □ Add ☐ Remove ☐ Change

Page 2 of 3

D. If amending any other informa			
			
	/		
	/		
	<u></u>		
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	st be specific and cannot be prior lock does not meet the applica	to date of filing or more than 90 days aft able statutory filing requirements, the	tional) er filing.) Pursuant to 605.0207 (3)(b nis date will not be listed as the
f the record specifies a delayed b) The 90th day after the rec		t an effective time, at 12:01	a.m. on the earlier of:
Dated March 29,	, 2018	_·	ALLAH.
Talen	y m DE	and	ASS.
	Signature of a member or author	rized representative of a member	# 3
Robert M. Kramer			

D.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00