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Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056

Phone : (954)842-2931 Fax Number : (954)842-2936

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2260 SW 42 TERR, LLC.

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Corporate Filing Menu

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COVER LETTER

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	2260 SW 4	12 TERR, LLC.		
SÚBJE	ÇT:	Name of Lim	ited Liability Company	
The enc	lòsed Articles o	f,Amendment and fee(s) are sub	mitted for filling.	
Please r	eturn ali corresp	ondence concerning this matter	to the following:	
		EUGENE DISON		
			Name of Person	-,,, , , , , , , , , , , , , , , , , ,
		2260 SW 42 TERR, LLC.		
		<u> </u>	Finn/Company	
	•	2260 SW 42 TERR		
			Address	
		FT LAUDERDALE FL 33	317	
			City/State and Zip Code	
		E-mail address: (to be used for future annual (sport not)	fication).
For furt	her information	concéruing this matter, please c	all;	
	• • •	1	at:()	
	Náme	of Person	at ()	e Telephone Number
Enclose	d is a check for	the following amount:		
■ \$25	.00 Filing Fec	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy in enclosed)
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassea, FL 32314

Registration Section
Division of Corporations
Clifton Building
2601, Executive Center Circle
Tallahasson, FL 32301.

ΤÉ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2260 SW (Name of the Lim	12 TERR lied Liabluty Compan (A Florida Limited Lia	as it now app ability Compan	ears on our records.)	
The Articles of Organization for this Limited I	Liability Company w	ere filed on	04/19/2018	and assigned
Florida document number L18000098486	•	ə!	1.	,
This amendment is submitted to amend the fol	lowing:	rings Figure		
A. If amending name, enter the new name	of the Emited liabili	ity company	here:	
The new name must be distinguishable and contain the	words "Limited Liability	y Company," tl	na designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			·
		<u> </u>	<u></u> :	
Enter new mailing address, if applicable:				TA P#
(Mailing address MAY BE A POST OFFICE	i RÒS			
(Maining domesty West 2007)	, , , , , , , , , , , , , , , , , , , ,			
		'	: . : . :	22. 1 4F
B: If amending the registered agent an	l/or registered offi	ce: address	on our records, e	nter the name of the nev
registered agent and/or the new registered			50 0m 1000 mj	ment the manner of the man
Name of New Registered Agent:	EUGENE DISON	1		
New Registered Office Address:	2260 SW 42ND 1	err.	, , , , -	•
- et mapage of Const Canal Can		Liter	Florido street address	
	FT LAÜDERDA	LE 🤼	, Florid	a 33317
	· · · · · · · · · · · · · · · · · · ·	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent;

Thereby 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 Lamfamillar with and accept the obligations of my position as registered agent as provided in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited-liability company has been notified in writing of this change.

If Changing Registered Agent; Signature of New Registered Agent

Page 1 of 3

1912 1112

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 = M $AMBR = A$	Isnager Authorized Member				
<u>Titlė</u>	Name.	<u>Address</u>	Type of Action		
AMBR -	MARAŢ ZIŢŞBĄŅĶ	2260 SW-42ND TERR			
		FT LAUDERDALE FL 333 L7	Reniovo		
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AMBR	EUGENE DISÓN	2260 SW-42ND TERR	Add		
		FT LAUDERDALE FL 33317	— Remoye		
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fective date, if other in effective date is listed, a hter. If the date inserted cument's effective date	than the date of filling the date must be specific and in this block does not conthe Department of	ig: d cannot be prior to d meet the applicable State's records.	te of filing or more than 90 di statutory filing requireme	_(optional) ays after f[ling.) Purviant nts, this date will not b	o 605.0: e listed
record specifies a The 90th day after	delayed effective the record is filed.	date, but not ar	n effective time, at 1	2:01 a.m., on the e	arlier
ted	MAY 14	2018			
- .)			
			>		_
	Signature of a	member or authorized	trepresent ive of a member	.,	

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Filing Fee: \$25.00