

**L18000112724**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : 120020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

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

Email Address: GRC@FCOHENLAW.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**400 NC WPB, LLC**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 400 NC WPB, LLC  
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:

GREGORY R. COHEN, ESQ.

Name of Person

COHEN NORRIS ET AL.

Firm/Company

712 U.S. HIGHWAY ONE, SUITE 400

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

GRC@FCOHENLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGORY R. COHEN

at

561  
(Area Code)

844-3600

Daytime Telephone Number

Enclosed is a check for the 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



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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOAKIM MORTENSEN	400 N. Congress Avenue	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Calidus Office Holdings II, LLC	1555 Palm Beach Lakes Blvd.	<input checked="" type="checkbox"/> Add
		Suite 1520	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
MBR	Calidus Office Holdings II, LLC	1555 Palm Beach Lakes Blvd.	<input checked="" type="checkbox"/> Add
		Suite 1520	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
MGR	Calidus Office, LLC	1555 Palm Beach Lakes Blvd.	<input checked="" type="checkbox"/> Add
		Suite 1520	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
MBR	North Congress Investment LLC	1555 Palm Beach Lakes Blvd.	<input checked="" type="checkbox"/> Add
		Suite 1100	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8/14, 2018

Signature of a member or authorized representative of a member

Gregory R. Cohen

Typed or printed name of signee