

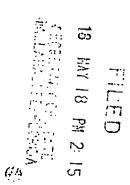
(R	Requestor's Name)	
(A	Address)	
(A)	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	
(C	Document Number)	
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○ SIMMONS MAY 2.1 2018

## **COVER LETTER**

Division of Con	rporations			
SUBJECT:	1219-21	NE 120TH TERRACE LLC	LLC	
30bJEC.1.	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
		ROLAND LOUIS		
		Name of Person		
		Firm/Company		
	1219 1	NE 120TH TERRACE		
		Address		
	BISC	AYNE PARK, FLORIDA 33161		
	DOLOUIC	City/State and Zip Code		
		3@GMAIL.COM  be used for future annual report notifi	ication)	
For further information o	concerning this matter, please ca		,	
ROLA	ND LOUIS	305 647-9279		
Name o	of Person	at ()	Telephone Number	
Enclosed is a check for t	he 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:

TO:

Registration Section

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

1219-21 NE 120TH T	TERRACE LLC				
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now apper nited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Com	pany were filed on _	MAY 07, 2018	and assigned		
Florida document numberL180000114368					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited</u>	l liability company b	iere:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRE	<u></u>				
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			等 星 口		
Inter new mailing address, if applicable:			12: P		
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		
			<b>有為</b>		
B. If amending the registered agent and/or registero egistered agent and/or the new registered office address		n our records, <u>ente</u>	r the name of the		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flo	orida 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
MGR	ROLAND LOUIS	511 IVES DAIRY RD	
		APT 201	☐ Remove
		MIAMI, FLORIDA 33179	☐ Change
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			☐ Remove
			☐ Change
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fective	date, if other than th	ie date of fili	ng:			_ (optional)		
n effecti	ive date is listed, the date m the date inserted in this l	ust be specific a	nd cannot be pri	ior to date of filin	g or more than 90 o	lays after filing.	) Pursuant to 605.0	)207 1 as
	t's effective date on the							
recor	rd specifies a delaye	ed effective	date, but r	not an effect	ive time, at 1	2:01 a.m.	on the earlier	r ot
	Oth day after the re				·			
ted	MAY 15TH	$\overline{}$	2018					
	Cla		- ·	·				
		′ 1/1/NJ						

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Typed or printed name of signee

Filing Fee: \$25.00