

L180000130954

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : LAW OFFICE OF PAUL A. KRASKER  
Account Number : 120090000078  
Phone : (561) 801-7312  
Fax Number : (561) 515-3904

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

Email Address: Cody@frisbiegroup.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
140 EXCHANGE, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

4 TO  
A. LUNT

12/03/2018 12:00

(FAX)

P.002/005

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 140 EXCHANGE, 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:

PAUL A. KRASKER

\_\_\_\_\_  
Name of Person

LAW OFFICE OF PAUL A. KRASKER, P.A.

\_\_\_\_\_  
Firm/Company

1615 FORUM PLACE 5TH FLOOR

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33401

\_\_\_\_\_  
City/State and Zip Code

PKrasker@Kraskerlaw.com

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

For further information concerning this matter, please call:

Andrea Murphy

561 515-2929

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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18 DEC -3 AM 8:55  
TALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

140 EXCHANGE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 25, 2018 and assigned  
Florida document number L18000130954.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 ADDRESS)

100 WORTH AVENUE, UNIT 302

PALM BEACH, FL 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 WORTH AVENUE, UNIT 302

PALM BEACH, FL 33480

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NA

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CODY CROWELL	100 WORTH AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 302	<input type="checkbox"/> Remove
		PALM BEACH, FL 33480	<input type="checkbox"/> Change
MGR	KRISTIN KRISBIE	100 WORTH AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 302	<input type="checkbox"/> Remove
		PALM BEACH, FL 33480	<input type="checkbox"/> Change
MGR	FIRST AMERICAN EXCHANGE COMPANY LLC	215 SOUTH STATE STREET #380	<input type="checkbox"/> Add
		SALT LAKE CITY, UT 84111	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)**

10  
DEPT OF FLORIDA  
TALLAHASSEE, FLORIDA

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E. 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 November 20, 2018

Case

Signature of a member or authorized representative of a member

CODY CROWELL, MANAGER

Typed or printed name of signee