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SECRETARY OF STATE

APPROVEU AND FILED

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## **COVER LETTER**

Division of Corporations
SUBJECT: The Plaza Unit 49, LCC 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:
The Plaza Unit 49, LLC Finn/Company
10265 Gandy Blvd N
Address  St. Petersland, Fl 33702  City/State and Zip Code  bank of Manh and Fam Myahm. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Name of Person at (7,27) le 48 - 732/4  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sqrt{1} \sqrt{2} \sqrt{25.00 Filing Fee} \sqrt{25.00 Filing Fee & Certificate of Status} \sqrt{255.00 Filing Fee & Certified Copy (additional copy is enclosed)} \sqrt{2560.00 Filing Fee, 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**

The Plaza linit	219, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1800/155603.	were filed on $\frac{U/25//8}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	ffice address on our records, enter the pame of the new
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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>	Name	Address	Type of Action
NGR.	Terano Enancial	Co210 421 H. N#18  Pinellal Park, F1 3378	
	LLC	Pinellal Park, F/ 3378	Remove
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Effective date, if other than the date of filing:	t <b>ional)</b> er filing.) Pursuant to 60 iis date will not be lis	95.0207 (3) sted as the
the record specifies a delayed effective date, but not an effective time, at 12:01) The 90th day after the record is filed.	a.m. on the earl	ier of:
Dated March 13 . 2019.		
Signature of a member or authorized representative of a member		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00