

Division of Corporations

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**L18000171029**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H19000063317 3))



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

From: Account Name : MURAT, WALD, BIONDO, MORENO,  
Account Number : 076150002103  
Phone : (305) 444-0101  
Fax Number : (305) 444-0174

STATE OF FLORIDA  
TALLAHASSEE, FL

2019 FEB 25 AM 11:04

FILED

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
450MANOR DRIVE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FEB 20 11  
S. PRATHER

2019 FEB 25 PM 12:45

Fax Audit No. H19000633173

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

450 Manor Drive LLC

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

FILED  
2019 FEB 25 AM 11:04  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 7/16/2018 and assigned  
Florida document number L18000171029.

This amendment is submitted to amend the following:

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

700 Manor Rd, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

Fax Audit No. H19000633173

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>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

