10/25/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003167613)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L. Account Name

Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

1 perez - ruiz (a) objalaw. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OWADE DEVELOPMENTS, LLC

Certificate of Status	<u> </u>
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

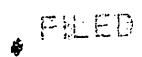
Electronic Filing Menu

Corporate Filing Menu

Help XUBIXED T OCT 2 8 2018

1/1

ARTICLES OF AMENDMENT : TO ARTICLES OF ORGANIZATION OF



2019 OCT 25 A H: 8日

OWADE DEVELOPMENTS, LLC

TATLICHASSES, FLORIDA The Articles of Organization for this Limited Liability Company were filed on _____07/16/2018 _____ and assigned Florida document number L18000171686 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1410 S BISCAYNE POINT RD, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ___

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			_
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			☐ Change

amending any other information		<u> </u>	
ffective date, if other than the data offective date is listed, the date must be set: If the date inserted in this bloc ocument's effective date on the Dep	k does not meet the applicable statut	(optional) lling or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date will not be listed	0201 d as
e record specifies a delayed of The 90th day after the recor	effective date, but not an effe d is filed.	ective time, at 12:01 a.m. on the earlie	rο
October 25	2019	A-	
Dated			
	ignature of a member or authorized repg	Sentative of a member	
5	Runnie or a member of approviser refige		
Zachary Soto, Authorized			

Page 3 of 3

Filing Fee: \$25.00