

L18000178342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

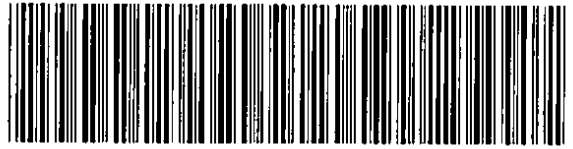
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

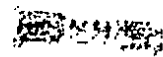
Office Use Only



800412574548

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DIVISION OF CORPORATIONS
2023 AUG -3 PM 12:40

RECEIVED
2023 AUG -3 AM 10:43
TALLAHASSEE, FLORIDA



R. HUNT

08/03/23

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/03/2023

****WALK IN****

ENTITY NAME 3052 N Atlantic Blvd LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
2023 AUG -3 PM 12:40

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

S R J/10

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 3052 N ATLANTIC BLVD 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:

ROBERT C. AUMENT

Name of Person

DASPIN & AUMENT, LLP

Firm/Company

300 S. WACKER DRIVE, SUITE 2200

Address

CHICAGO, IL 60606

City/State and Zip Code

RAUMENT@DASPINAUMENT.COM

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

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DIVISION OF CORPORATIONS
2023 AUG -3 PM 12:40

For further information concerning this matter, please call:

ROBERT C. AUMENT

Name of Person

312 258-3777
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

3052 N ATLANTIC BLVD 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 07/24/2018 and assigned
Florida document number L18000178340.

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)

84 ISLA BAHIA DRIVE

FORT LAUDERDALE, FLORIDA 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2023 AUG -3 PM 12:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

DAVID MACNEIL

New Registered Office Address:

84 ISLA BAHIA DRIVE

Enter Florida street address

FORT LAUDERDALE

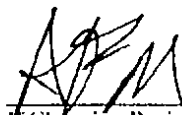
Florida 33316

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.



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	DEGASPERIS, ANGELO	1500 HWY NO 7 CONCORD	<input type="checkbox"/> Add
		ONTARIO, L4K-5Y4 CANADA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MACNEIL, DAVID	84 ISLA BAHIA DRIVE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2000 AUG 3 PM 12:40
 DIVISION OF STATE
 SECRETARY OF CORPORATION

90013702

CLERK OF STATE
DIVISION OF CORPORATIONS
2023 AUG -3 PM 12:40

(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)

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.

Signature of a member

Robert C. Aument

Filing Fee: \$25.00