

Division of Corporations

Page 1 of 2

# L18000 192053

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H19000344034 3)))



H1900034403434BC

**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) 617-6380

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP  
Account Number : 119990000010  
Phone : (561) 832-3300  
Fax Number : (561) 655-1109

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

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

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
6670 BLANDING, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$43.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit No. H19000344034 3

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 6670 BLANDING 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:

RACHEL HERLACHE

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

NELSON MULLINS BROAD AND CASSEL

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

ONE NORTH CLEMATIS STREET, SUITE 500

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33401

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

rachel.herlache@nelsonmullins.com

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

For further information concerning this matter, please call:

Rachael Herlache

at ( 561 ) 832-3300

\_\_\_\_\_  
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 Address:**

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

Fax Audit No. H19000344034 3

Fax Audit No. H19000344034 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

NOV 25 A 9:07

6670 BLANDING 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 8/10/18 and assigned  
Florida document number L18000192053

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:

915 S. Dixie Highway

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33401

Enter new mailing address, if applicable:

915 S. Dixie Highway

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, FL 33401

**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

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

Fax Audit No. H19000344034 3

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>                      |
|--------------|----------------------|--------------------------------------|--|
| AR           | Clifford Hertz       | ONE NORTH CLEMATIS STREET, SUITE 500 | <input type="checkbox"/> Add               |
|              |                      | WEST PALM BEACH, FL 33401            | <input checked="" type="checkbox"/> Remove |
|              |                      |                                      | <input type="checkbox"/> Change            |
| MGR          | Stephen E. Myers Sr. | 915 S. Dixie Highway                 | <input checked="" type="checkbox"/> Add    |
|              |                      | WEST PALM BEACH, FL 33401            | <input type="checkbox"/> Remove            |
|              |                      |                                      | <input type="checkbox"/> Change            |
| MGR          | Stephen E. Myers Jr. | 915 S. Dixie Highway                 | <input checked="" type="checkbox"/> Add    |
|              |                      | WEST PALM BEACH, FL 33401            | <input 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            |
|              |                      |                                      | <input type="checkbox"/> Add               |
|              |                      |                                      | <input type="checkbox"/> Remove            |
|              |                      |                                      | <input type="checkbox"/> Change            |

Fax Audit No. H19000344034 3

Page 2 of 3

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 25, 2019



Signature of a member or authorized representative of a member

Stephen E. Myers, Jr.  
Typed or printed name of signee

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

Fax Audit No. H19000344034 3