

L18000193483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

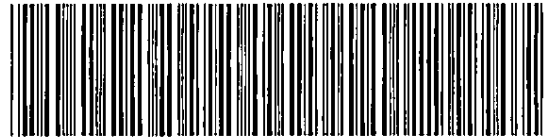
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC 26 2019

M. SOLOMON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 112260 5174517

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : December 23, 2019

ORDER TIME : 1:33 PM

ORDER NO. : 112260-005

CUSTOMER NO: 5174517

DOMESTIC AMENDMENT FILING

NAME: BLOCK 45, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS: \_\_\_\_\_

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Block 45, 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:

Liz Wong
Name of Person
Atlantic Pacific Communities
Firm/Company
3 Miami Central   161 NW 6th Street, Suite 1020
Address
Miami, FL 33136
City/State and Zip Code
lwong@apcompanies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liz Wong at ( 305 ) 357-4725

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

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

Block 45, 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 August 13, 2018 and assigned  
Florida document number L18000193483.

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)

**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**

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	Ocean Block 45 Partners LLC	1025 Kane Concourse, Suite 215	<input checked="" type="checkbox"/> Add
		Bay Harbor, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	APC Block 45, LLC	1025 Kane Concourse, Suite 215	<input type="checkbox"/> Add
		Bay Harbor Islands, FL 33154	<input checked="" 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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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11:51

1. The first part of the document is a header section containing the following information:
 

- Project Name: [Redacted]
- Project Number: [Redacted]
- Project Manager: [Redacted]
- Project Sponsor: [Redacted]
- Project Start Date: [Redacted]
- Project End Date: [Redacted]
- Project Status: [Redacted]
- Project Location: [Redacted]
- Project Description: [Redacted]
- Project Objectives: [Redacted]
- Project Risks: [Redacted]
- Project Budget: [Redacted]
- Project Resources: [Redacted]
- Project Deliverables: [Redacted]
- Project Milestones: [Redacted]
- Project Stakeholders: [Redacted]
- Project Communication Plan: [Redacted]
- Project Change Management Plan: [Redacted]
- Project Risk Management Plan: [Redacted]
- Project Quality Management Plan: [Redacted]
- Project Procurement Management Plan: [Redacted]
- Project Human Resource Management Plan: [Redacted]
- Project Financial Management Plan: [Redacted]
- Project Environmental Management Plan: [Redacted]
- Project Social Management Plan: [Redacted]
- Project Governance Plan: [Redacted]
- Project Monitoring and Evaluation Plan: [Redacted]
- Project Reporting Plan: [Redacted]
- Project Archiving Plan: [Redacted]
- Project Closure Plan: [Redacted]

2. The second part of the document is a table containing the following information:
 

Item	Description	Quantity	Unit	Value
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]
2	[Redacted]	[Redacted]	[Redacted]	[Redacted]
3	[Redacted]	[Redacted]	[Redacted]	[Redacted]
4	[Redacted]	[Redacted]	[Redacted]	[Redacted]
5	[Redacted]	[Redacted]	[Redacted]	[Redacted]
6	[Redacted]	[Redacted]	[Redacted]	[Redacted]
7	[Redacted]	[Redacted]	[Redacted]	[Redacted]
8	[Redacted]	[Redacted]	[Redacted]	[Redacted]
9	[Redacted]	[Redacted]	[Redacted]	[Redacted]
10	[Redacted]	[Redacted]	[Redacted]	[Redacted]
11	[Redacted]	[Redacted]	[Redacted]	[Redacted]
12	[Redacted]	[Redacted]	[Redacted]	[Redacted]
13	[Redacted]	[Redacted]	[Redacted]	[Redacted]
14	[Redacted]	[Redacted]	[Redacted]	[Redacted]
15	[Redacted]	[Redacted]	[Redacted]	[Redacted]
16	[Redacted]	[Redacted]	[Redacted]	[Redacted]
17	[Redacted]	[Redacted]	[Redacted]	[Redacted]
18	[Redacted]	[Redacted]	[Redacted]	[Redacted]
19	[Redacted]	[Redacted]	[Redacted]	[Redacted]
20	[Redacted]	[Redacted]	[Redacted]	[Redacted]
21	[Redacted]	[Redacted]	[Redacted]	[Redacted]
22	[Redacted]	[Redacted]	[Redacted]	[Redacted]
23	[Redacted]	[Redacted]	[Redacted]	[Redacted]
24	[Redacted]	[Redacted]	[Redacted]	[Redacted]
25	[Redacted]	[Redacted]	[Redacted]	[Redacted]
26	[Redacted]	[Redacted]	[Redacted]	[Redacted]
27	[Redacted]	[Redacted]	[Redacted]	[Redacted]
28	[Redacted]	[Redacted]	[Redacted]	[Redacted]
29	[Redacted]	[Redacted]	[Redacted]	[Redacted]
30	[Redacted]	[Redacted]	[Redacted]	[Redacted]
31	[Redacted]	[Redacted]	[Redacted]	[Redacted]
32	[Redacted]	[Redacted]	[Redacted]	[Redacted]
33	[Redacted]	[Redacted]	[Redacted]	[Redacted]
34	[Redacted]	[Redacted]	[Redacted]	[Redacted]
35	[Redacted]	[Redacted]	[Redacted]	[Redacted]
36	[Redacted]	[Redacted]	[Redacted]	[Redacted]
37	[Redacted]	[Redacted]	[Redacted]	[Redacted]
38	[Redacted]	[Redacted]	[Redacted]	[Redacted]
39	[Redacted]	[Redacted]	[Redacted]	[Redacted]
40	[Redacted]	[Redacted]	[Redacted]	[Redacted]
41	[Redacted]	[Redacted]	[Redacted]	[Redacted]
42	[Redacted]	[Redacted]	[Redacted]	[Redacted]
43	[Redacted]	[Redacted]	[Redacted]	[Redacted]
44	[Redacted]	[Redacted]	[Redacted]	[Redacted]
45	[Redacted]	[Redacted]	[Redacted]	[Redacted]
46	[Redacted]	[Redacted]	[Redacted]	[Redacted]
47	[Redacted]	[Redacted]	[Redacted]	[Redacted]
48	[Redacted]	[Redacted]	[Redacted]	[Redacted]
49	[Redacted]	[Redacted]	[Redacted]	[Redacted]
50	[Redacted]	[Redacted]	[Redacted]	[Redacted]
51	[Redacted]	[Redacted]	[Redacted]	[Redacted]
52	[Redacted]	[Redacted]	[Redacted]	[Redacted]
53	[Redacted]	[Redacted]	[Redacted]	[Redacted]
54	[Redacted]	[Redacted]	[Redacted]	[Redacted]
55	[Redacted]	[Redacted]	[Redacted]	[Redacted]
56	[Redacted]	[Redacted]	[Redacted]	[Redacted]
57	[Redacted]	[Redacted]	[Redacted]	[Redacted]
58	[Redacted]	[Redacted]	[Redacted]	[Redacted]
59	[Redacted]	[Redacted]	[Redacted]	[Redacted]
60	[Redacted]	[Redacted]	[Redacted]	[Redacted]
61	[Redacted]	[Redacted]	[Redacted]	[Redacted]
62	[Redacted]	[Redacted]	[Redacted]	[Redacted]
63	[Redacted]	[Redacted]	[Redacted]	[Redacted]
64	[Redacted]	[Redacted]	[Redacted]	[Redacted]
65	[Redacted]	[Redacted]	[Redacted]	[Redacted]
66	[Redacted]	[Redacted]	[Redacted]	[Redacted]
67	[Redacted]	[Redacted]	[Redacted]	[Redacted]
68	[Redacted]	[Redacted]	[Redacted]	[Redacted]
69	[Redacted]	[Redacted]	[Redacted]	[Redacted]
70	[Redacted]	[Redacted]	[Redacted]	[Redacted]
71	[Redacted]	[Redacted]	[Redacted]	[Redacted]
72	[Redacted]	[Redacted]	[Redacted]	[Redacted]
73	[Redacted]	[Redacted]	[Redacted]	[Redacted]
74	[Redacted]	[Redacted]	[Redacted]	[Redacted]
75	[Redacted]	[Redacted]	[Redacted]	[Redacted]
76	[Redacted]	[Redacted]	[Redacted]	[Redacted]
77	[Redacted]	[Red		

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(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.

/s/Howard Cohen

Signature of a member or authorized representative of a member

Howard Cohen

Typed or printed name of signee

**Filing Fee: \$25.00**