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## **COVER LETTER**

	istration Sec ision of Corp			
etm teær.	Coordena	s 25.80, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Andrew Levy		
			Name of Person	<del></del>
		Frank, Weinberg & Black	k, P.L.	
		<del></del>	Firm/Company	
		1875 NW Corporate Blvd	d., Suite 100	
			Address	
		Boca Raton, FL 33431		
		jurgz@virtusfamilyoffice.c	City/State and Zip Code com.mx	
		E-mail address: ()	to be used for future annual report notif	ication)
For further in	iformation co	oncerning this matter, please co	all:	
Andrew Lev	ry		561 989-0700 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coordenas 25.80, LLC

			our records.)
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(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/11/2018 and assigned Florida document number \_L18000215994 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 "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

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>	Address	Type of Action
AMBR	AM Group Properties, Inc.	5100 Town Center Circle, Suite 450, Boca Raton, FL 33486	
			☐ Remove
AMBR	AM Group Holdings, Inc.	5100 Town Center Circle, Suite 450, Boca Raton, FL 33486	□ Change
			Remove
			□ Change
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fective date, if other than the date in effective date is listed, the date must be state. If the date inserted in this block cument's effective date on the Depart	pecific and cannot be prior to date or does not meet the applicable state.	(option filling or more than 90 days after fil utory filling requirements, this d	ing.) Pursuant to 605.020
record specifies a delayed eff The 90th day after the record		fective time, at 12:01 a.r	n. on the earlier o
September 13	2018		
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	ature of a member or authorized rep	7 presentative of a member	

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Filing Fee: \$25.00