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COVER LETTER

	egistration Se ivision of Cor					
end ie <i>c</i> h		JNDARY AVENUE, LLC				
Name of Limited Liability Company						
The enclos	ed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please retu	m all correspo	ndence concerning this matter t	to the following:			
		JUAN DOMINGUEZ				
			Name of Person			
		ASO COLITIL CRAND AV	Firm/Company			
		460 SOUTH GRAND AV				
		DELAND, FLORIDA 327	Address 720			
		jddominguez4@gmail.com	City/State and Zip Code n			
			o be used for future annual report notifi	reation)		
For further	information c	oncerning this matter, please ca	ıll:			
Juan Don		f Person	786 651-7679 at () Area Code Daytime	Telephone Number		
Enclosed i	s a check for th	ne 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

650 S BOUNDARY AVENUE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company)	, <u></u>		
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000217845</u>	were filed on 9/13/2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	460 SOUTH GRAND AVE	NUE		
amendment is submitted to amend the following: amending name, enter the new name of the limited liability company: we name must be distinguishable and contain the words "Limited Liability Company." the renew principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: In new mailing address MAY BE A POST OFFICE BOX) The proper and/or registered office address detered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter For the appointment as registered agent and agree to act in this is ions of all statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and the statutes relative to the proper and the statute	DELAND, FLORIDA 3272	20		
Enter new mailing address, if applicable:	460 SOUTH GRAND AVE	NUE .		
(Mailing address MAY BE A POST OFFICE BOX)	DELAND, FLORIDA 3272	20		
) ;		
B. If amending the registered agent and/or registered o	ffice address on our recor	ds, enter the name of the new		
registered agent and/or the new registered office address her	<u>-e</u> :			
Name of New Registered Agent:	_	·		
New Registered Office Address:				
	Enter Florida street address			
New Registered Office Address: Enter Florida stre		Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	· <u></u>	•		
	performance of my duties, opposited for in Chapter 605	and I am familiar with and 5. F.S. Or, if this document is		

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
			☐ Remove
			☐ Change
			Remove
			□ Remove
			□ Change
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not	meet the a	applicable s	of filing or n tatutory filin	ore than 90 da g requiremen	(optional) ys after filing. its, this date) Pursuant to 60 will not be lis	05.0201 sted as
he record specifies a delayed The 90th day after the rec			it not an	effective I	ime, at 12	:01 a.m.	on the earl	ier o
SEPTEMBER 18	}	2018						
Dated	-)							

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Typed or printed name of signee

Filing Fee: \$25.00