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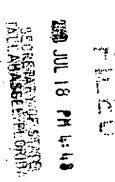
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Organization of

COVER LETTER

TO: Registration S Division of Co			Sin.
SUBJECT: 13020 SW	48 Street LLC		
30 Date (1.	Name of Lir	nited Liability Company	
	Amendment and fee(s) are sub		
	Scott Marcus, Esq.		
	Becker & Poliakoff P.A.	Name of Person	
	i East Broward Blvd., Sui	Firm/Company te 1800	
	Fort Lauderdale, FL 3330	Address	·
	smarcus@beckerlawyers.co		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	cation)
Scott Marcus, Esq.		954 987-7550	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

4 1 - ,

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

ARTICLES OF C	-	N 🐞 😁
0	r	
13020 SW 48 Street LLC		6
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	were filed on October	2, 2018 and assisted
Florida document number L18000232115		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	6931 S.W. 159th Place	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33193	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
Maning dadress MAT BE A POST OFFICE BOX		
	·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our	records, enter the name of the new
	•	
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida stre	et address
	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>	Address	Type of Action
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			Remove
			Change
			Add
			□ Remove
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ote: If the date ins	ther than the date sted, the date must be spe certed in this block do date on the Departn	es not meet the appl	icable statutory fr	(op more than 90 days at ling requirements, t	otional) fer filing.) Pursuant his date will not b	to 605.02 pe listed
record specific The 90th day a	es a delayed effe fter the record is	ctive date, but n s filed.	ot an effective	e time, at 12:01	. a.m. on the o	earlier
ited July 17		. 2019	- 6	200	_	
	Signati	are of a member or aut	aorized representati	ve of a member		_
	5-5	and the second second second		· · · · · · · · · · · · · · · · · · ·		