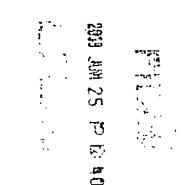
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COVER LETTER

Div	ision of Co	rporations		
SBRIFCT	11830 SW	212 Street LLC		
SOBJECT.		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Scott Marcus		
			Name of Person	
		Becker & Poliakoff, P.A.		
			Firm/Company	
		F. Broward Boulevard,		
		Fort Lauderdale, FL 3330	Address	
		smarcus@beckerlawyers.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please ca	all:	
Scott Marcus	S		954 364-6045 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
マ \$25.00 Fi	ling 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
		ING ADDRESS:	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11830 SW 212 Street LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 28岁 北州 25 平 25 年8 The Articles of Organization for this Limited Liability Company were filed on October 2, 2018 Florida document number $\underline{1.18000232118}$ 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" 3601 S.W. 160th Avenue Enter new principal offices address, if applicable: Suite 320 (Principal office address MUST BE A STREET ADDRESS) Miramar, FL 33027 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.

Cnv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

____. Florida ____

$ MGR = N \\ AMBR = A $	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of A
			
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	ing any other information, enter change(s) here: (Anach daditional sheets, if necessary.)
	
	
<u>Note:</u> If th	date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlith day after the record is filed.
Dated June	e 20 2019
-	Signature of a member or authorized representative of a member
	Scott Marcus
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00