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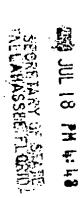
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

W 10 M. T. 11840 SW 212 Street LLC SUBJECT: 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: Scott Marcus, Esq. Name of Person Becker & Poliakoff P.A. Firm/Company 1 East Broward Blvd., Suite 1800 Address Fort Lauderdale, FL 33301 City/State and Zip Code smarcus@beckerlawyers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Marcus, Esq. 987-7550 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

C)F				
11840 SW 212 Street LLC		The Wall			
(A Florida Limited (A Florida Limited)	any as it now appears on our records.) Liability Company)	3			
The Articles of Organization for this Limited Liability Company	were filed on October 2, 2018	and assigned			
Florida document number L18000232129					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liah	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."			
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) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	iter the name of the r			
	Enter Florida street address				
<u></u>	, Florida	à			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and 1 or provided for in Chapter 605, F.S.	um familiar with and Or, if this document is			

Page 1 of 3

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 ad or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			☐ Change
			Add
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lf an effective <u>Note:</u> If the		ne date must be in this block	specific and does not m	cannot be prior seet the applic	able statute		han 90 days a		rsuant to 605.020 not be listed a
ne record	specifies a h day after			ate, but no	t an effe	ctive time	e, at 12:0:	l a.m. on	the earlier o
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The 90t	17	Sigi	iature of a m	iember or autho	orized repres	entative of a	member		

Page 3 of 3

Filing Fee: \$25.00