

10/29/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000311991 3)))



H180003119913ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2437 SW 17TH ST., LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

2018-10-29 11:03:20 CST

19542080845, From: Ranae McGraw

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2437 SW 17th St, LLC

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

FILED
18 OCT 29 PM 1:25
SEC. OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 22, 2018 and assigned
Florida document number L18000246788.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

2437 SE 17th St, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

City

Florida

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

FILED
18 OCT 29 PM 1:26
MAIL ROOM
FBI - ALBUQUERQUE

18 OCT 1977
ALL
SALT LAKE CITY, UT
UTAH

FILED
18 OCT 29 PM 1:22
ST. LOUIS, MISSOURI
FBI - ST. LOUIS

Filing Fee: \$25.00