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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

Registration Section

Divis	ion of Corp	porations		
	1601 MI	ID Developer, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspor	ndence concerning this matter	to the following:	
		Michelle Rice		
		Affiliated Development	Name of Person	
		414 N. Andrews Avenue	Firm/Company	
	3	Fort Lauderdale FL 33301	Address	
		MRice@AffiliatedDevelop	City/State and Zip Code nent.com	
		E-mail address: (to be used for future annual report notif	ication)
For further inf	ormation co	oncerning this matter, please co	all:	
Michelle Rice	:		954 451-5252	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a c	check for th	e following amount:		
■ \$25,00 Fil	ing 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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 NOV - 1 PM 1: 25

1601 MID Developer, LLC			SUPERARY OF STATE TALEATIASSEE, FL
(Name of the Limite	d Liability Compa A Florida Limited l	ny as it now appears on our records.) liability Company)	ince AHASSEE, FE
The Articles of Organization for this Limited Lia Florida document number 1.18000251225		were filed on	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of			
The new name must be distinguishable and contain the wo	ords "Limited Liabi		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	<u></u>
(Principal office address MUST BE A STREE	<u>r address)</u>	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	N/A	
B. If amending the registered agent and/or the new registered of	fice address her		nter the name of the new
Name of New Registered Agent:	N/A ————————————————————————————————————		
New Registered Office Address:	N/A	Enter Florida street address	
		, Floric	la Zip Code
Nam Danistanul Agant's Signature if changing P	Ponistarud Agant:	•	•

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>	Name Round Hill Development	Address	Type of Action
AMBR	Management USA LLC		Add
			■ Remove
			☐ Change
			
			_ □ Remove
			☐ Change
			Ddd
			□ Remove
			Change
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te: If the date	f other than the date s listed, the date must be sp inserted in this block do tive date on the Departi	oes not meet the ap	plicable statutory f	or more than 90 days dling requirements	optional) after filing.) Pursuant , this date will not b	to 605.0200 e Tisted as
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Typed or printed name of signee

Filing Fee: \$25.00