

L18000 260 829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

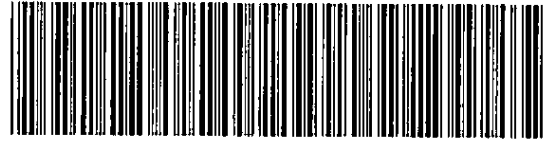
(Business Entity Name)

(Document Number)

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2018 DEC 12 AM 9:53  
SECRET  
FBI MIAMI

Amend  
Name chg

DEC 14 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COURTYARDS B, LLC  
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:

MAI GRESCHNER  
Name of Person

COURTYARDS B, LLC  
Firm/Company

236 NW 3RD CT  
Address

BOCA RATON, FL 33432  
City/State and Zip Code

maithankle@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAI GRESCHNER at ( 561 ) 774-6225  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2018

MAI GRESCHNER  
COURTYARDS B, LLC  
236 NW 3RD CT  
BOCA RATON, FL 33432

SUBJECT: COURTYARDS B, LLC  
Ref. Number: L18000260829

We have received your document for COURTYARDS B, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 718A00024607

RECEIVED

2018 DEC 11 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FL

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

COURTYARDS B, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/07/2018 and assigned Florida document number L18000260829.

This amendment is submitted to amend the following:

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

COURTYARDS 110, 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:

MAI GRESCHNER

New Registered Office Address:

775 NW 4th AVE

Enter Florida street address

BOCA RATON

City

Florida

33432

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>
<u>AR</u>	<u>GRESCHNER, MAILE</u>	<u>236 NW 3RD CT</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FL 33432</u>	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>LE, KIM LUC</u>	<u>774 NW 4th AVE</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON, FL 33432</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated November 16<sup>th</sup>. 2018

Mark

Signature of a member or authorized representative of a member

MAI GRESCHNER

Typed or printed name of signee