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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Sec Division of Corp			
' SUBJI	ECT:	COURT Name of Limi	ARDS 125, LLC ited Liability Company	
The en	closed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		M	Ai GRESCHNER.	
			URTYARDS 125, 126 Firm/Company	
		256 NW_	3RD CT Address	
		BOCA RATO	ON FL 33432 City/State and Zip Code Oyahao com to be Jised for future annual report notif	 .
		maithanhle E-mail address: (1	Q y ahao cam to be fised for future annual report notif	ication)
For fu	ther information co	oncerning this matter, please co		
	1A1 GRESCH Name of	NER Person	at (<u>56 </u>) <u>774 - 6</u> Area Code Daytime	5225 : Telephone Number
Enclos	ed is a check for th	e following amount:		
d \$2	5.00 Filing 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	RDS 12.5, LLC Liability Company as it now appears on our records.)
(A.I	Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
Florida document number <u>1180002650</u>	3 <u>0</u> .
his amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of th	e limited liability company here:
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C.
Enter new principal offices address, if applicabl	e: <u> </u>
Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	<u> ၂ က မ</u>
<u>Mailing address MAY BE A POST OFFICE BO</u>	$\frac{\partial x}{\partial x} = \frac{\partial x}{\partial x} = \frac{\partial x}{\partial x} = \frac{\partial x}{\partial x}$
	- Ch
3. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of e address here: MAI GRESCHNER
Name of New Registered Agent.	· MI GALLATINE
New Registered Office Address:	Enter Florida street address
	, Florida

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

Type of Action Address Title Name 1 236 NW 3RD CT - Add GRESCHNER, MAILE AR BOCA RATON, FL 33432 PRemove L. Change MGR_ LE, KIM_LUC 774 NW 4th AVE DrAdd BOCA RATON, FL 33432 - Remove _____ Change _□ Add 3 Remove 71 Change ☐ Remove ☐ Change _□ Add ☐ Remove ___ Change ☐ Add _□ Remove ☐ Change

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ective date, if othe neffective date is listed.	r than the date of the date must be speci	filing: fic and cannot be r	orior to date of tilir	ne or more than 90	(optional)) days after filing.) [Pursuant i	o 605.0
ote: If the date inserte	ed in this block does	not meet the ap	plicable statutor	y tiling requirer	nents, this date w	ill not b	e listec
cument's effective da	te on the Departmer	nt of State's reco	rds.				
record specifies	a delayed effect	ive date, but	not an effect	tive time, at	12:01 a.m. o	n the e	arlier
The 90th day afte	er the record is f	iled.					
ted November	16th	2018	,				
							
	\mathcal{M}	12 X					
	///						
	Signatur	e of a member or a	uthorized represe	ntative of a mem	per		_

Page 3 of 3

Filing Fee: \$25.00