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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ADI Property, LLC Name of Limited Liability Company
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:
Natalia A. Solar Name of Person
Green and Kahn, P.L.
Firm/Company
317 71 ST
Address
Miami Beach, FL 33141  City/State and Zip Code  natalia @gkmiamilaw.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Natralia A · Solar at (305) Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) 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

	perty LLC	TE ST A OF EVE BIDS
(Name o	f the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this U Florida document number <u>L.180</u> 0	Limited Liability Company were filed 이 2 65 년 0구	on 11/13/18 and assigned
This amendment is submitted to amen	d the following:	
A. If amending name, enter the nev	v name of the limited liability compa	nny here:
The new name must be distinguishable and ed	ontain 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).	4 STREET ADDRESS)	
Enter new mailing address, if applie		
(Mailing address MAY BE A POST)	OFFICE BOX)	
B. If amending the registered as registered agent and/or the new reg		ess on our records, enter the name of the ne
Name of New Registered Ag	gent:	
New Registered Office Add	ress: En	ter Florida street address
		. Florida
	City	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 re <u>cords</u> :

MGR = Manager

AMBR = Authorized Member Type of Action <u>Name</u> <u>Address</u> <u>Title</u> 4900 Sheridan ST AMBR/ Doron Hanan MGR Hollywood, FL 3302 1 Remove \_ˈဩː Change 4900 Sheridan ST MAN Int Ben Hanan AMBR Hollywood, FL 33021 Remove \_**∀** Change □ Add ☐ Change \_□ Add □ Remove \_□ Change 🗖 Add □ Remove □ Change □ Add □ Remove

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Filing Fee: \$25.00