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.

(((H180003508873)))



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

: CIKLIN LUBITZ

Account Number : 076376001447

: (561)832-5900

Phone

Fax Number

: (561)833-4209

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

aciklin@ciklinlubitz.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZEELANDER 55, LLC

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

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEELANDER 55, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our rec lifed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp. Florida document number L18000276107	pany were filed on 11/30/2018	and assigned
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited	liability company here:	
ALMOST HEAVEN 55, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable:		2018 EEC
(Mailing address MAY BE A POST OFFICE BOX)		100 E
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our reco here:	ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	di ess
		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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

..

<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			Remove
			Change
		·	D Add
			Remove
			□ Change
			□ Add
			Remove
			ACCURATION OF STATE O
			Add C
			Change
			Remove
			Change
			☐ Remove
			Change

		—
	·	
	7	2010
	至4.	DEC
	\$\frac{1}{2}\$	
		-0
	FL031	
		. 0
		<u>-</u>
e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date the date inserted in this block does not meet the applicable sta t's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant	<u>30</u>
ecord specifies a delayed effective date, but not an e e 90th day after the record is filed.	iffective time, at 12:01 a.m. on the ϵ	earlie
d December 11 2018		
	- (.	

Page 3 of 3

Filing Fee: \$25.00