## 118000 286 339

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction: porations	,		
SUBJI	ECT:	Name of Lim	ted Liability Company	LC	
The <b>e</b> n	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		KHAI	PHASI Name of Person		-
			Name of Person		
		-	Firm/Company	····	
		6607	ennis Clubs Address	Drive	1308
		dr kpey	City/State and Zip Code    Ernan e Gr	17L.	33311
For fur	rther information ec	onceroing this matter, please co		chou wantedti	(All
	Kit Ai P	Person	2: 301	272.~	7610
			rica ciac	tzaytine 10	сривне вуштиже
Enclos	ed is a check for th	e following amount:			
<b>□ \$</b> 2:	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy odditional copy is encl		X \$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



January 7, 2020

KHAI PHAN \*\*\*2ND MAILING\*\*\* 608 NE 22ND DRIVE WILTON MANORS, FL 33305

SUBJECT: JOHNSTON 308 LLC Ref. Number: L18000286339

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 519A00024858



December 7, 2019

KHAI PHAN 660 TENNIS CLUB DRIVE #308 FORT LAUDERDALE, FL 33311

SUBJECT: JOHNSTON 308 LLC Ref. Number: L18000286339

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 519A00024858

## - ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHNSTON 208 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 DECF MBER 13 2018 and assigned Florida document number L 18000 286 339 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 660 TEMPHS CLUB DIZ 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: Jame of New Registered Agent: 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 anz! 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 Champing 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>	Address	Type of Action
AMB12	TIMOTHY SCOTT	15.28 NE 17th Terrace	D Add
		FORT LAUDERPARE FL 33304	Remove
			Change
AMBIL	WILLIAM STEED	608 HE 22HD DRIVE	□ Add
	•	WILTEN MANORS FL 33903	Remove
			🗆 Change
			🗀 Add
			Remove
			Change
			□ Remove
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vote.	e date, if other than the date of filing:
e reco The (	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eariier 00th day after the record is filed.
ated _	OCTOBER 18 , 2019
	MMS
	Signature of a member or authorized representative of a member
	KHAI PHAN Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00