## 119000000896

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

Office Use Only



200324530012

02/15/19--01013--023 \*\*25.00

2019 FEB 15 PH 2: 59

C. GOLDEN FEB 2 1 2019

## **COVER LETTER**

SUBJECT:  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:  IRA R. SHAPIRO  Name of Person  IRA R. SHAPIRO, P.A.  Firm/Company  16375 NE 18TH AVENUE, SUITE 225  Address  NORTH MIAMI BEACH, FL 33162	
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:  IRA R. SHAPIRO  Name of Person  IRA R. SHAPIRO, P.A.  Firm/Company  16375 NE 18TH AVENUE, SUITE 225  Address	
Please return all correspondence concerning this matter to the following:  IRA R. SHAPIRO  Name of Person  IRA R. SHAPIRO, P.A.  Firm/Company  16375 NE 18TH AVENUE, SUITE 225  Address	
Please return all correspondence concerning this matter to the following:  IRA R. SHAPIRO  Name of Person  IRA R. SHAPIRO, P.A.  Firm/Company  16375 NE 18TH AVENUE, SUITE 225  Address	
IRA R. SHAPIRO  Name of Person  IRA R. SHAPIRO, P.A.  Firm/Company  16375 NE 18TH AVENUE, SUITE 225  Address	
Name of Person  IRA R. SHAPIRO, P.A.  Firm/Company  16375 NE 18TH AVENUE, SUITE 225  Address	
Firm/Company  16375 NE 18TH AVENUE, SUITE 225  Address	
Firm/Company 16375 NE 18TH AVENUE, SUITE 225 Address	
16375 NE 18TH AVENUE, SUITE 225 Address	
Address	
NORTH MIAMI BEACH, FL 33162	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
IRA R. SHAPIRO 305 944-3936	
Name of Person at ()  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

MAILING ADDRESS:

TO:

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

## IRA R. SHAPIRO, P.A.

ATTORNEYS AND COUNSELORS AT LAW BAYLEE EXECUTIVE CENTER • SUITE 225 16375 NORTHEAST 18™ AVENUE NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO BAYLEE L. SHIENBAUM DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 EMAIL: office@irarshapiropa.com

February 14, 2019

**VIA FEDEX 774471897363** 

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301

Re: 7314 HWY 98 PSJ LLC

Articles of Amendment

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for 7314 HWY 98 PSJ LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$25.00 for the filing fee.

Sincerely,

ILCLE: Mapuros
IRA R. SHAPIRO
IRS/sma

Encl.

scorp pokora 21419.3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

7314 HWY 98 PSJ LLC

company has been notified in writing of this change.

2019 FEB 15 PM 2: 59

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	MLLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number L19000000896	were filed on JANUARY 2, 2019	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	525 3rd Street	
(Principal office address MUST BE A STREET ADDRESS)	Port St. Joe, FL 32456	
Enter new mailing address, if applicable:	525 3rd Street	
(Mailing address MAY BE A POST OFFICE BOX)	Port St. Joe, FL 32456	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:		nter the name of the new
New Registered Office Address:	Enter Florida street address	<del></del> -
	, Florid	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	,	-,
I hereby accept the appointment as registered agent and agr		er agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Type of Action
MGR	ROBERT W. POKORA	525 3rd Street	
		Port St. Joe, FL 32456	☐ Remove
			■ Change
			Add
		□ Remove	
			□ Remove
			Change
	<del></del>	Remove	
		<del></del>	Change
		Remove	
			Change
			□ Remove
			Change

The Limited Liability Company's purpose	is to invest in qualified opportunity zoned property.
Substantially all of its owned or lease tang	ible property is qualified opportunity zoned business
property, and substantially all of its intangi	ible property is used in the active conduct of
qualified opportunity zoned business.	
ective date, if other than the date of filin effective date is listed, the date must be specific and etc. If the date inserted in this block does not rument's effective date on the Department of S	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, meet the applicable statutory filing requirements, this date will not be listed
record specifies a delayed effective on the 90th day after the record is filed.	date, but not an effective time, at 12:01 a.m. on the earlie
ed 14 Fes	2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00