Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I19990000148 Phone : (813)769-7692 Fax Number : (813)223-6121

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 224 2ND STREET, LLC

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

FEB 28 2019

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COVER LETTER

Division of Co			
224 2ND : SUBJECT:	STREET, LLC		
	Name of Lin	nited Lisbility Company	
The enclosed Articles of	f Amendment and fee(s) are sui	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Rose K. Wilson, Esq.		
		Name of Person	
	Buchanan Ingersoll & Ro	oney PC	
		Firm/Company	
	401 E. Jackson Street, Sui	ite 2400	
		Address	 _
	Tempa, FL 33602		
		City/State and Zip Code	<u></u>
	E-mail address:	to be used for future annual report notifi	lication)
Por further information of	concerning this matter, please of	all:	
Rose K. Wilson, Esq.		813 222-1174	
Name o	Г Реглол	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is anclosed)	Cortificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRRSS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 H190000670243

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



224 2ND STREET, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	orda)	
The Articles of Organization for this Limited Liability Company Florida document number Lt9000005243	were filed on 01/08/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "Li	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered prent and/or the new registered office address her	ffice address on our recor	ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sweet address		
	F	Plorida	
Neur Declared Amenda Clauseurs (F. b. 1911 B. 2011 B.	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. If performance of my duties, o provided for in Chapter 605	and I am familiar with and . F.S. Or. if this document is	

Page 1 of 3

If Changing Registered Agent, Signature of New Revistered August

Buchanan Ingersoll + Rooney 4125621041

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

Type of Action

_■ Add

MGR = Manager
AMBR = Authorized Member

Title Name Address

MGR JOHN D. MARSHALL P. O. Box 190778

Miami Beach, FL 33119

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Tective date, if other than the in effective date is listed, the date must ote; if the date inserted in this blucument's effective date on the De	lock does not meet the applica	n date of filing or more ble statutory filing re	optiona (optiona) thun 90 days after filin quirements, this dat	i) g.) Pursumit to 605,0207 (3)(b) o will not be listed as the
record specifies a delayed The 90th day after the reco	d effective date, but not ord is filed.	an effective tim	e, at 12:0 1 s .m	on the earlier of;
ted February 27	2019	·	_	
116-30		حت ا		
	Signature of a member or author	ked representative of a	number	
		,		

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Filing Fee: \$25.00