

L1900000 6760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

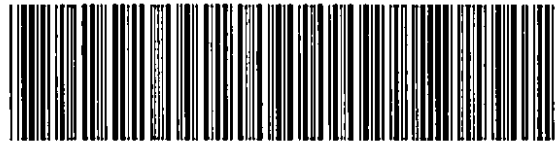
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2019 FEB 15 AM 10:32  
SECRETARY OF STATE  
-ALL INFORMATION-

FEB 22 2019  
CITY OF ATLANTA

**IRA R. SHAPIRO, P.A.**

ATTORNEYS AND COUNSELORS AT LAW  
BAYLEE EXECUTIVE CENTER • SUITE 225  
16375 NORTHEAST 18<sup>TH</sup> 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  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: 525 3<sup>rd</sup> ST PSJ LLC  
Articles of Amendment

2019 FEB 15 AM 10:32  
RECEIVED  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for 525 3<sup>rd</sup> ST PSJ LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$25.00 for the filing fee.

Sincerely,

  
IRA R. SHAPIRO

IRS/sma  
Encl.  
scorp pokora 21419.2

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 525 3RD ST PSJ LLC

\_\_\_\_\_  
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

\_\_\_\_\_  
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  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

525 3RD ST PSJ LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 FEB 15 AM 10:32  
RECEIVED  
TALLAHASSEE, FL 32399

The Articles of Organization for this Limited Liability Company were filed on JANUARY 9, 2019 and assigned  
Florida document number L19000006760.

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:**

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter 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 records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT W. POKORA	525 3rd Street	<input type="checkbox"/> Add
		Port St. Joe, FL 32456	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CHRISTOS KARAGIANNIS	525 3rd Street	<input type="checkbox"/> Add
		Port St. Joe, FL 32456	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 14, 2019

ROBERT W. POKORA, MANAGER