4900020590

(Req	uestor's Name)	
(Adda	ress)	
(Adda	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doca	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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2019 JANI 31 PH 6: 43

C. GOLDEN FEB - 5 2019

COVER LETTER

TO:	Registration Se Division of Cor			
,		PROPERTY 835, LLC		
SUBJE	CT:	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		SHARI DILLARD		
		DILLARD PROPERTY 83	Name of Person	
		835 N.W. 6TH AVENUE	Firm/Company	
			Address	
		FOR LAUDERDALE, FL	<u> </u>	
		SHARI@ARTSIGNFL.CO	City/State and Zip Code M	
		E-mail address: (1	o be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	ill:	
JEFFRI	EY SETH SELZE	ER	954 567-4444 at ()	
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DILLARD PROPERTY 835, LLC

2019 JAH 31 PH 6: 43

(Name of the Limited Li	iability Company as it now appears on our recolorida Limited Liability Company)	rds.)
(A FI	orida Limited Liability Company)	TALLAHASSEE.FL
The Articles of Organization for this Limited Liabili	ity Company were filed on 01/18/2019	
Florida document number L19000020590		_
This amendment is submitted to amend the following	g:	
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 "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
If amending the registered agent and/or registered agent and/or the new registered office:	•	ds, enter the name of the
egistered agent and/or the new registered office.	address nere.	
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street add	ress
	Enter Florida street addi	ress 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 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>	Address	Type of Action
MGR	JOSEPH DILLARD	835 N.W. 6TH AVENUE	□ Add
		FOR LAUDERDALE, FL 33311	■ Remove
			☐ Change
MGR	JOSEPH DILLARD TTEE Joseph C. Dillard Trust DTD 09/01/1989	835 N.W. 6TH AVENUE	■ Add
		FOR LAUDERDALE, FL 33311	Remove
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			
			Remove

	
	01/18/19
	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ck does not meet the applicable statutory filing requirements, this date will not be listed a
e record specifies a delayed e The 90th day after the recon	effective date, but not an effective time, at 12:01 a.m. on the earlier or is filed.
ated	2019
	lefter lebaleber To
	MIMMITHEN, ESQ.
Si	ignature of a member or authorized representative of a member

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Filing Fee: \$25.00