119000026246

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COVER LETTER

то:	Registration S Division of Co			
eup ir		ALKENBURG LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Jack E. Delcamp		
			Name of Person	<u> </u>
		Oldham & Delcamp, LLC		
			Firm/Company	
		9800 4th St. N. Ste. 200		
			Address	
		St. Petersburg, FL 33702		
			City/State and Zip Code	
		jack@oldhamdelcamp.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For furtl	ner information	concerning this matter, please ca	ill:	
Jack De	leamp		727 201-5458	
	Name	of Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for t	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

5317 N FALKENBURG RD LLC				
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appear liability Company)	s on our records.	
The Articles of Organization for this Limited I Florida document number <u>L19000026246</u>		were filed on $\frac{1/2}{}$	4/19	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company he	re:	
The new name must be distinguishable and contain the		ity Company," the de	esignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli (Principal office address MUST BE A STREAT				79
Enter new mailing address, if applicable:				AFR -8
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	Oldham & Delc	amp, LLC		****
New Registered Office Address:	9800 4th St. N.		er Florida street address	
	St. Petershure	Enter Flori	da street address	33702

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.

City

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
AMBR	Maury Razavi	15703 Cochester Rd.	
			Add
		Tampa, FL 33647	□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			Remove
			Change
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ective date, if other that neffective date is listed, the da te: If the date inserted in t cument's effective date on	his block does no	t meet the applic	able statutory filii	op nore than 90 days af ng requirements, t	tional) ter filing.) Pursuant to his date will not be	o 605.020 2 listed as
record specifies a del he 90th day after the	ayed effective record is filed	e date, but no d.	t an effective	time, at 12:01	a.m. on the e	arlier o
ed April 4		2019				
	- A	- · -	_ _ ·			
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Typed or printed name of signee

Filing Fee: \$25.00