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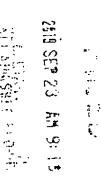
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(Cit	ty/State/Zip/Phone	= #i
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
CityFlats I	LLC		100 mg 1 m
SUBJECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub-		
Please return all corresp	ondence concerning this matter	to the following:	
	Angla Letournerau		
	CityFlats LLC	Name of Person	
		Firm/Company	
	1800 W Broward Blvd		
	Fort Lauderdale, FL 33312	Address	
	angela@homeinc.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Angela		612 384-2644 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)
МАП	LING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION OF CityFlats, LLC	and assigned
CityFlats, LLC	
CityFlats, LLC	2
CityFlats, LLC	The state of the s
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	Ġ,
The Articles of Organization for this Limited Liability Company were filed on 1/25/2019	and assigned
Florida document number L19000026862	×.
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 abbrev	iation "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 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>	Address	Type of Action
MGR	Andrew Letourneau	1800 W Broward Blvd	
~ ~~~		Fort Lauderdale, FL 33312	
		FOR Lauderdale, PL 33312	■ Remove
			REINOVC
			Change
MGR	AJ Letourneau Investments, Inc	1830 W Broward Blvd	
		Fort Lauderdale, FL 33312	■ Add
			Remove
			Change
			Add
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			Change
			□ Remove
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ective date, if other than the date of	filing:		(option	all
effective date is listed, the date must be special	fic and cannot be pric	or to date of filing or mo	re than 90 days after fil	ing.) Pursuant to 605,020
e: If the date inserted in this block does ument's effective date on the Departmen	not meet the appli it of State's record:	cable statutory filing s.	requirements, this d	ate will not be listed a
record specifies a delayed effecti	ive date, but n	ot an effective ti	me, at 12:01 a.r	n. on the earlier o
he 90th day after the record is fi	iled.			
· Coole his 17	2016			
ed September 12		·		
)		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00