## L19 0000 33456

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Humo)
(Document Number)
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## **COVER LETTER**

TO:	Registration S Division of Co			
	630 PA HO	DEDINGS, LEC		
SUBJE	ECT:		nited Liability Company	
		Name of Un	mited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		BENJAMIN EISS		
			Name of Person	<del></del>
		770 CW 1070 CF	Firm/Company	
		720 SW 18TH ST		
		BOCA RATON, FL 33-486	Address	
		BENCHEBS@GMAIL.CO	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	leation)
For furt	her information c	oncerning this matter, please ca	all:	
BENJA	AMIN EISS		561 870-9158	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
	.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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

630 PA HOLDINGS, LLC		<del></del>	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	)	
The Articles of Organization for this Limited Liability Company  Torida document number	were filed on	and assigned	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	oility company here:		
		19 SE	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"		
nter new principal offices address, if applicable:	720 SW 18TH STREET		
Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33486	<u> </u>	
	-		
inter new mailing address, if applicable:	720 SW 18TH STREET		
Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33486		
Mulang undress MINI DE ITT OUT OF THE LONG			
	<del></del>	· ·	
3. If amending the registered agent and/or registered o		enter the name of the	
egistered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Enter Florida street address		
	Florida		
	City	Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:	1		
hereby accept the appointment as registered agent and agr			
rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as <sub>l</sub>			
eing filed to merely reflect a change in the registered office			

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being addorremoved from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<del></del>	Add
		<del> </del>	
			Add
			Change
			HACE OF THE SECOND AGE.
			Reineve
		<del></del>	
<del>.</del>			☐ Remove
		<del> </del>	Change
		<del> </del>	□ Remove
			□ Change
<del></del>		_	□ Add
			Remove
			☐ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	:.)		
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	TATE DRID	ξυ Έ	_
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	g.) Pursu	iant to 6 of be l	605.0207 (3)( isted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	. on th	ne ea	rlier of:
Dated May 30 2019.  Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member			
BENJAMIN EISS, MUNICIPER			
Typed or printed name of signee			-

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Filing Fee: \$25.00