L19000038235

(Re	equestor's Name)	
(Ác	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
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COVER LETTER

281 N SUBJECT:	NE 78th ST LLC					
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Robinson Julier	1				
		Name of Person				
	c/o Robert C M	eyer. PA				
		Firm/Company				
	2223 Coral Way					
		Address				
	Miami, FL 3314	5				
	Miami, Fl. 33145 City/State and Zip Code					
	meyerroberte@es.com E-mail address: (to be used for future annual report notification)					
For further information c	oncerning this matter, please ca	ıll:				
Robert Meyer		305 285-8838				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed 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

> 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

281 NE 78th ST LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	02/05/2019	and assigned
lorida document number L19000038235			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	<u>ere</u> :	
281 NE 78th Street LLC			
he new name must be distinguishable and contain the words "Limited Lia"	bility Company," the o	lesignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
			2 2
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			19
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			نى
		_	ω
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		ı our records, <u>en</u>	ter the name of t
New Registered Office Address:	Enter Flo	rida street address	
	131161 1 10.	, was on eer waareds	
		, 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

Title	<u>Name</u>	Address	Type of Action
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			□ Remove
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Effective	e date, if other	than the dat	te of filing:	·	-		(optional)		
Care attack	tive date is listed. the date inserte	d in this block	does not me	eet the appl	icable statut	ling or more t ory filing re	than 90 days quirements	after filing.) i, this date v	Pursuant to 60. vill not be list	5.0207 ted as 1
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Filing Fee: \$25.00