## 0053638

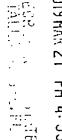
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

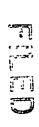
Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
() F 1 T N T H		TH UNIT 205, LLC		
SUBJI	:CI:	Name of Lim	nited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			Name of Person	
		South Florida Law, PLLC		
			Firm/Company	<del></del>
		1920 E. Hallandale Beach	Blvd. Sie 900	
		<del></del> .	Address	<del></del>
		Hallandale Beach, FL 330	(19	
		service@southfloridalawpll	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information cor	ncerning this matter, please ca	all:	
B	RTON LA	NDA ESA.	at (959) 900 - Area Code Daytime	8885
	Name of I	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
<b>☑</b> \$2:	5.00 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

FILED

FIRST ON 8TH UNIT 205, LLC

Minus

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{2/26/19}{2}$ Florida document number 1.19000053638 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 abbreviation "LLC." 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 \_\_\_ Cirv

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Travis Schwartz	801 8TH STREET UNIT 205, FL 33139	Add
			<b>⊠</b> Remove
			Change
MGR GREG LEFEVER	GREG LEFEVER	801 8TH STREET UNIT 205, FL 33139	<b>⊡</b> ∧dd
		Miami bosch	Remove
			Change
			Add
			Remove
			☐ Change
			Add
		-	Remove
			□ Change
<u></u>			Add
			□ Remove
			Change
	<del>-</del>		
			□ Remove
			Change

(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.) Pursuant to 605.0207 (3)(  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  (b) The 90th day after the record is filed.	D. If ame	nding any other informati	n, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:	_		
E. Effective date, if other than the date of filing:			
E. Effective date, if other than the date of filing:	_		
E. Effective date, if other than the date of filing:	_	<del></del>	
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  (b) The 90th day after the record is filed.			te of filing: (optional)
(b) The 90th day after the record is filed.	Note:	If the date inserted in this bloc	does not meet the applicable statutory filing requirements, this date will not be listed as the
March 12 2019			
Dated	Dated _	March 12	2019
			101
(Signature of a member or authorized representative of a member,		<u> </u>	nature of a member or authorized representative of a member,
Travis Schwartz		Travis Schwartz	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00