

19000093590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

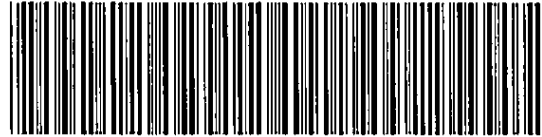
(Business Entity Name)

(Document Number)

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2019 MAY -3 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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19 MAY -3 PM 1:41

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T GLASS

MAY 06 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 749509 4305390

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : May 2, 2019

ORDER TIME : 12:37 PM

ORDER NO. : 749509-005

CUSTOMER NO: 4305390

CHANGE OF AGENT

NAME: 510 MEADOW, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

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TALLAHASSEE, FL
FBI

510 MEADOW, LLC

(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 April 4, 2019 and assigned
Florida document number L19000093590.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

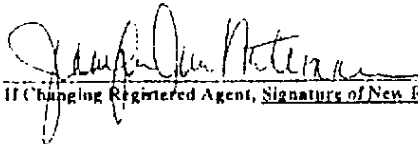
(Mailing address MAY BE A POST OFFICE BOX)

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:	<u>Jennifer Montemarano</u>		
New Registered Office Address:	<u>509 Meadow Lane</u>		
	Enter Florida street address		
	<u>Oldsmar</u>	<u>Florida</u>	<u>34677</u>
	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

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FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mary Ramsden	510 Meadow Lane	☐ Add
		Oldsmar, FL 34677	☒ Remove
			☐ Change
AMBR	Nicola Carone	6 Pertie Lane	☒ Add
		Wayne, NJ 07470	☐ Remove
			☐ Change
Managing Member	Jennifer Carone Montemarano	4 Hemlock Lane	☒ Add
		Kinnelon, NJ 07405	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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E. Effective date, if other than the date of filing: _____ (optional)

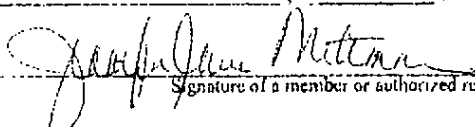
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated April 30, 2019



Signature of a member or authorized representative of a member

Jennifer Carone Montemarano, Managing Member

Typed or printed name of signer