19542080845 From Ranae McGraw

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001732253)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		
		;
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FC4000000023	
	Phone : (614)280-3338	
	fax Number : (954)208-0845	
anı	the email address for this business entity to be used for inual report mailings. Enter only one email address please mail Address:	
anı		
anı Em.	nual report mailings. Enter only one email address please	e. **
anı Em.	nual report mailings. Enter only one email adcress please	e. **

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

D SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help MAY 3 1 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moments Lighthouse Point Investors, LLC		_
(Name of the United Liability Compar (A Florida Limited L	iy as It now appears on our records.) addity Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1,19000094058	were filed on $\frac{64/15(2019)}{}$ and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Moments Boynton Place Investors, LLC	٠	14
The new mane must be distinguishable and comain the words "Limited Liabil	ny Company," the designation "L1C" or the abbreviation	LLCTI
Enter new principal offices address, if applicable:	· <u>·</u>	<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	· · · · · · · · · · · · · · · · · · ·
	Ž.)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u></u>	ne of the n
	Enter Florida street address	
	City Zip Co	
	Chy Zip Co	, k
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p hemg filed to merely reflect a change in the registered office	performance of my duties, and I am familiar provided for in Chapter 605, F.S. Or, if this d	with and ocument is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> </u>	Name	Address	Type of Action
			☐ Remove
			Change
			AdJ
			☐ Remove
			Change
			□ Remove .
			in all and
			□ Add
			☐ Change
***			🖸 Add
			Remove
			☐ Change
			□ Remove
			□ Change

		··	·			_
					··································	
			· · -			
		 	· · · · · · · · · · · · · · · · · · ·			
	* *** *** *** *** **** *****		bilde table of the Atlanta Atlanta			
	<u></u>				١.	
						- -
				<u> </u>		
					>	•
					و	
					• 1	
						
ective date, if other than the effective date is listed, the date in this test on the innent's effective date on the	ust be specific and camic block does not meet th	n be prior to date c se applicable sta	fifting or more than S	(optional) to days after tiling ments, this date	.) Puistant t	seus (lister
record specifies a delay he 90th day after the re		but not an e	ffective time, at	: 12:01 a.m.	on the e	arlie
ed May 22	20	19				
/s/ Todd P_Li	nden					
73. 1644. 171	Signature of a member	IF OF BUILDING	STARBANT STATE OF A COMMO	iner c		

Page 3 of 3

Filing Fee: \$25.00