## L19000103254

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

Division of Con		,2#	, p
9345 Park : SUBJECT:	Ave LLC 🤌		ДF
SUBJECT:	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:	
	Morey Wright		
		Name of Person	
	9345 Park Ave LLC		
		Firm/Company	
	505 NE 13th Street Units 1	1 & 2	
		Address	<del></del>
	Ft Lauderdale, FL 33304		
	mwright@providianconstru	City/State and Zip Code ction.com	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Morey Wright		954 210 2937 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

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

RECEIVED
JUN 0 5 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9345 Park Ave LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000103254</u> .	were filed on 04/15-2019	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:	
9345 PARK DRIVE LLC	- - 1	<b>6</b> .
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	entbreviation "L.L.C."
Enter new principal offices address, if applicable:		S E
(Principal office address MUST BE A STREET ADDRESS)	N	A E O
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5. 5.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent:	MA	
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	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

<u>Title</u>	Name		Address	Type of Action
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Effective date.	if other than th	e date of filing:	rannot he prior to	MA A	(opti	onal) r filing.) Pursuant to 60	15 0207 <i>t</i>
Note: If the dat	e inserted in this betive date on the I	olock does not me	eet the applicat	ole statutory filing	requirements, thi	s date will not be lis	ted as t
The 90th da	ay after the re	cord is filed.			me, at 12:01	a.m. on the earli	ier of:
Dated	23 M	1A-Y	2019				
				ded representative	<del></del>  ,		

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Typed or printed name of signee

Filing Fee: \$25.00