

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : FRANK, WEINBERG, BLACK, P.L.
 Account Number : I20040000083
 Phone : (954)474-8000
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2019 MAY 23 PM 3:33

APPROVED AND FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
12990 ARCH CREEK TERRACE, LLC

STATE OF FLORIDA

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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MAY 24 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

12990 ARCH CREEK TERRACE, 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 05-02-2019 and assigned
Florida document number L19000117166

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)

APPROVED
AND
FILED
2019 MAY 23 PM 3:33
TALLAHASSEE, FLORIDA
STATE OFFICE OF REVENUE

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

City

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	The Church by the Sea	1045 95th Street	<input type="checkbox"/> Add
		Bay Harbor Islands, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	The Church by the Sea	1045 95th Street	<input checked="" type="checkbox"/> Add
		Bay Harbor Islands, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 2019

