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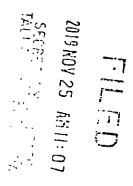
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COVER LETTER

	egistration Se Division of Cor			
SUBJECT	940 HOLDI	INGS, LLC.		
(OBSTIC	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	emitted for filing.	
Please retu	am all correspo	ndence concerning this matter	to the following:	
		PETER R. ABESADA		
			Name of Person	
			Firm/Company	·
		3676 SW 2nd Street		
			Address	
		Miami, Florida 33135		
		peter@abesadalaw.com	City/State and Zip Code	
		• •	to be used for future annual report no	tification)
For further	r information co	oncerning this matter, please c	all:	
Peter R. A	besada		305 467-5820 at ()	
	Name of	f Person	Area Code Daytii	me Telephone Number
Enclosed i	is a check for th	e following amount:		
₹ 25.00	0 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)
R D P	Mailing Address Registration Solivision of Co.O. Box 632 Callahassee, F	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

940 HOLDINGS, LLC.	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	<u>a appears on our records.)</u> mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L19000124543</u>	d on 05/14/2019 and assigned
This amendment is submitted to amend the following:	201 15:
A. If amending name, enter the new name of the limited liability comp	pany here:
940 REAL ESTATE HOLDINGS, LLC.	pany here: Ny," the designation "LLC" or the abbreviation "L.L.C.".
The new name must be distinguishable and contain the words "Limited Liability Compan	iy, the designation LLC or the appreviation L.L.C.
Enter new principal offices address, if applicable:	
	9
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 or agent and/or the new registered office address here:	n our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
ϵ	Inter Florida street address
	, Florida
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 a provisions of all statutes relative to the proper and complete performa	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
			□Add
			□Remove
			□Add
			Remove
		DAdd	
		□Add	
		Remove	
			□Change
		□Add	
		Remove	
		□Remove	
			Change

Page 2 of 3

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Effectiv	re date, if other than the date of filing:
(If an effective Note: I	ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	November 21, 2019
	- PAIN R VINARIA
	Signature of a member or authorized representative of a member
	PETER R. ABESADA

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Filing Fee: \$25.00