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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Philo	ridin - North Mig	mi Beach LLC	,
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	: .
	Philip Goldma	Name of Person	
	,	Name of Person .	•
	·	Errm/Company	
		Address	
For further information c	Phil Goldman 2 Pac E-mail address: ( oncerning this matter, please co	to be used for future annual report notifi	cation)
0			107K
Philip Goldm Name o	A C Person	$\frac{1}{2} \text{ at } (\frac{786}{2}) = \frac{865 \text{ me}}{2}$	Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Sec	
Division of C	orporations	Division of Corp	porations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TO
ARTICLES OF ORGANIZATION
OF CONTRACTOR OF
Philorida - North Miami Beach LLC  (Name of the Limited Liability Company)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{5/16/2019}{40019}$ and assigned Florida document number $\frac{L19000132317}{4000132317}$ .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Philorida Realty, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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, <u>enter the πame of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
, Florida
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>	<u>Name</u>	Address	Type of Action
		<del></del>	□Add
			□Remove
			□Change
		·	□Add
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			□Change

). D. If or	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
17. II al	nending any other information, enter change(s) nere: (Allach additional sheets, if necessary.)
HOTE	ctive date, if other than the date of filing:
If the record is t	ord 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 filed.
Dated	Pholograph Ring 2020
	Signature of a member or authorized representative of a member
	Philip Goldman
	Typed or printed name of signee

Filing Fee: \$25.00