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(Re	equestor's Name)	<u> </u>
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COVER LETTER

Division of Corpo			
SUBJECT:	450 NE S	5TH Circle LL	_
	Name of Limited 1	Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitte	d for filing.	
Please return all correspond	lence concerning this matter to the	e following:	
	Alama	Rubin	
		Name of Person	 _
	450 NE ST	H Circle LLC	
		Firm/Company	
	_ 4913 Brandi	ywine Dr	
	·		
	Boxa Rato	n FL 33YP/	,
	CII	Margiale and Alb Code	
	E-mail address: (to be	wife e anall.	<u>(0) (7)</u>
For further information con-	cerning this matter, please call:		
Alam	a Rubin	_a,772, a15-7	331
Name of P	erson	Area Code Daytime Tele	ephone Number
Enclosed is a check for the	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

450 NE 5	th Circle	1122.	-0 1110:39
(Name of the Limited Liah (A Flor	ility Company as it now a ida Limited Liability Comp	ppears on our reco	ords.)
The Articles of Organization for this Limited Liability Florida document number 4900 5	Company were filed o	1	and assigned
. This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability compa	ny here:	
The new name must be distinguishable and contain the words "L	imited Liability Company,	the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Ente	r Florida street addr	ress
		, I	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>	<u>Address</u>	Type of Action
<u>AMBR</u>	Alama Rubin	4913 Brandymine Dr	□Add
		4913 Brandymine Dr Boca Raton, FZ 33487	□Remove
•			enange
			□ \\ \dd
			□Remove
			□Change
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		 	□Change
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			□Remove
			□Change

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Change	Algana	Rubin	from	MGR	to	AMBR
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ctive date, if other th	han the date of fi	ling:			(opti	onal)
effective date is listed, the	date must be specific	and cannot be p	prior to date of filir	ng or more than! Ty filing require	00 days after ements, thi	r filing.) Pursuant to 605.0207 s date will not be listed as
ument's effective date of	on the Department	of State's reco	ords.			
record annificant	lala d affa akk					
he 90th day after t	he record is file	e date, but ed.	not an effect	tive time, a	12:01	a.m. on the earlier of
11 -		~	~			
ed <u>//3</u>	<u> </u>	-, <u>30,</u>	70 .			
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	Signature c	a member or	authorized represe	ntative of a men	nber	
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