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NAME: 75NW 28 LLC

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abbie Hagel

COVER LETTER

	Registration Se Division of Cor			
er (n. 119 <i>2</i>	74NW28 LI			
SUBJEC	CT:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Todd Guthrie		
			Name of Person	
		31 NW 23rd St, Suite 100	Firm/Company	
		Miami, FL 33127	Address	
		todd@fortisdesignbuild.com	City/State and Zip Code	_
		-	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Todd Gu	<u> </u>		305 968-1273	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	<mark>iability Compa</mark> Torida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number [1.19000150901]	ity Company	were filed on 06/06/2019	and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	e limited liab	ility company here:	
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.I.
Enter new principal offices address, if applicable	2:	31 NW 23rd St, Suite 100	
(Principal office address MUST BE A STREET A	DDRESS)	Miami. FL 33127	200
Enter new mailing address, if applicable:		31 NW 23rd St, Suite 100	2 A 10: 31
Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33127	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			nter the name of the new
1	1 500/ 22 16.	C : 100	***
New Registered Office Address: 3	1 NW 23rd St.	Enter Florida street address	
N	1iami	. Florid	33127
_		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

74NW28 LLC

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
MGR	David Polinsky	31 NW 23rd St, Suite 100	
		Miami, FL 33127	■ Add
			□ Remove
			Change
MGR	Andrew Lenahan	31 NW 23rd St. Suite 100	0
		Miami, FL 33127	
			□ Remove
			☐ Change
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	any other information, enter change(s) here: '(Attach additional		_
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Note: If the da	e, if other than the date of filing: te is listed, the date must be specific and cannot be prior to date of filing or more to the inserted in this block does not meet the applicable statutory filing refective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 60. quirements, this date will not be list	5.0207 (3)(ted as the
	pecifies a delayed effective date, but not an effective timeday after the record is filed.	e, at 12:01 a.m. on the earli	ier of:
Dated	July 23th 2019		
_	Signature of a member or authorized representative of a	n member	
Dav	vid Polinsky		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00