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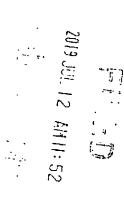
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

SUBJECT: 541 NE 44TH	ted Liability Company	
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
LAWRENC	E A MASTROP	TERI JR.
541 NE	44TH ST LL	<u> </u>
403 NI	E 38TH ST Address	
LARKY @ FLO	City/State and Zip Code RION HOMES BOCA	31 ATON. COM
For further information concerning this matter, please ca	o be used for future annual report notific	cation)
LAWRENCE A MASTROPIER Name of Person		7954 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S30.00 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

> Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 JUL 12 AM 11:52 The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number _______ 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) 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:

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.

Enter Florida street address

_, Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M</u> 6R	CONNOR A LEWIS	152 9TH AVE #2	🗆 Add
		NEW YORK, NY 10011	Remove
			Change
MGR	CLM CAPITALLIC	403 NE 38TH ST	Add
		BOCA RATON, FL 3343	☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
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			_□ Change

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	1)
an effective date is listed, the lote: If the date inserted is	than the date of filing: (optional) e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
e record specifies a d The 90th day after t	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.
ated 07	109 , 2019. 1 + 10. M
1) commend Not 16	11 July 1 16 OTher de 1/ I elect
Manuf (11/6	Signature of a rhomber or authorized representative of a member