Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000213483 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.

Account Number : I19990000123 : (727)397-5571 Phone

: (727)393-5418 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 10800 9TH PLACE NO. LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

19 JUL 15

FAX AUDIT NO.: H19000213483 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TF 90801	H PLACE NO. LLC	(1) THE TRUE TO THE TRUE TRUE TO THE TRUE TO THE TRUE TRUE TRUE TRUE TRUE TRUE	
	ompany as it now appears up our mited Liability Company)	menuley 22 C	
The Articles of Organization for this Limited Liability Com	pany were filed on TUNE 25,	2019 and assigned	
Florida document number L19000166745			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
10800 99TH PLA	CE NO. LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	55)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
THE STATE OF THE S			
B. If amending the registered agent and/or register	ed office address on our	ecords, enter the name of the nav	
registered agent and/or the new registered office addres	s nere:		
St. CSL D. Carlond America			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	Undatest	
	·		
	City	Fiorida	
New Registered Agent's Signature, if changing Registered A	·		
		n. I further garee to comply with the	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to nurrely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my du it as provided for in Chapte	ties, and I am jainitiar with and r 605, F.S. Or, if this document is	
;	(Changing Registered Agent, Sir	mature of New Registered Agent	
,	tr Cinniffich urofiniterad veffeur! 377	Osmord i n. Ná sta u Stan Baristian i spesie	
r	Page 1 of 3		

FAX AUDIT NO.: H19000213483 3

P.003/004

MGR - Manager

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

AMBR = Authorized Member				
Title	<u>Name</u>	Address	Type of Action	
			□ Remave	
			Change	
<del></del>			C Add	
			□ Rcmove	
			☐ Change	
<del></del>			□ Aċd	
			□ Remove	
			Change	
·			Add	
		□ Remove		
			Change	
			☐ Remove	
			☐ Change	
			□ Remove	
			Change	

Page 2 of 3

FAX AUDIT NO.: H19000213483 3

). If amending any other	information, enter change(s) here: (Attach additional sheets, if nece	ssary.)
		<del></del>
<del></del>		
		· · · · · · · · · · · · · · · · · · ·
<del></del>		
•		
	INE 25, 2019	
Note: If the date inserted	than the date of filing: (option edge of filing or more than 90 days after f in this block does not meet the applicable statutory filing requirements, this on the Department of State's records.	asi) Hing.) Pursuant to 605.0207 (3 date will not be listed as th
he record specifies a The 90th day after i	delayed effective date, but not an effective time, at $12:01\ a.$ the record is filed.	m. on the earlier of:
Dated	2019	
(	Judith a Hunger Mar	19
	Signature of a member or authorized representative of a member	
		i i i i i i i i i i i i i i i i i i i
	JUDITH A. KLINGER, MGR	
<del></del>	JUDITH A. KLINGER, MGR Typed or printed name of signed	
<del>-</del>		

FAX AUDIT NO.: H19000213483 3