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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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хх	FILING	AMENDMENT	
	THE COURT OF NORTH		
(CORPORATE NAME AND DOCUME	NT #)	2019
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COVER LETTER

	istration Sect islon of Corpo					
SUBJECT:	The Court of	North Rome LLC				
.70, D.01.0, 1		Name of Lim	ited Liability Company			
		mendment and fee(s) are sub	_			
		Gary E. Constable, Esq.				
			Name of Person			
		Kane Kessler, P.C.				
			Firm/Company			
		666 Third Avenue				
			Address			
		New York, NY 10017			2019 852	
			City/State and Zip Code	·	Ü	
		gconstable@kanekessler.co			27	
			to be used for future annual report notif	ication)	-:	111:1:
For further in	formation con	cerning this matter, please co	all:		ö	-
Gary E. Con	stable		212 5416222 at ()		ယ	
	Name of F	erson		: Telephone Number		
Enclosed is a	check for the	following amount:				
□ \$25,00 F	iling 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NORTH ROME LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number L19000181845			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
1708 West Cypress LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	Michael Stewart c/o Coyle Realty		
Principal office address MUST BE A STREET ADDRESS)	3216 W Bay to Bay Blvd.		
	Tampa, FL 33629		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
		- · · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of		er the name of the	
egistered agent and/or the new registered office address her	<u>e</u> :	7	
		72 "	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		53	
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	st be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fili		
If the record specifies a delayed (b) The 90th day after the rec	d effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the ear	lier of:
September 27	2019		
	A		
	Signature of a member or authorized representative	ve of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00