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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : [19990000255]
Phone : (561)844-3700
Fax Number : (561)844-2388

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

	Address			
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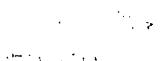
LLC AMND/RESTATE/CORRECT OR M/MG RESIGNE

213 SOUTH ROSEMARY I LLC

Certificate of Status	0	- 1 July - 1
Certified Copy	0	
Page Count	03	·
Estimated Charge	\$25.00	

Help OF 2010

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



213 SOUTH ROSEMARY 1 LLC

(Name of the Limited Liability Company as it now appears on our records) U A 12 19 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cou	mpany were filed on 08/02/2019 and assigned
Florida document number L19000188866	npany were filed on
	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
533 CLEMATIS STREET LPS1, LLC	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u>SS)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida strees address
	, Florida
New Registered Agent's Signature, if changing Registered /	
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age.	nd agree to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and int as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	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

Title	<u>Name</u>	Address	Type of Action
			OAdd
			□Remove
			□Change
			□Add
			☐Remov <b>e</b>
			☐ Change
			□Add
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ote:	ive date, if other than the date of filing:
recon	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ded.
ated	DECEMBER 4 2010
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00