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COVER LETTER

Neptune 13 SUBJECT:	30 LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Garrett Bender		
		Name of Person	
	Neptune 1330 LLC		
		Firm/Company	
	506 Andrews Ave		
		Address	
	Delray Beach, FL 33483		
	gmb@rasflaw.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Garrett Bender		561 241-6901 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Englósed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII.	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ASIEMBRIEN

TO ARTICLES OF ORGANIZATION OF



Neptune 1330, LLC

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(<u>Name of the Limited Lia)</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000194507	Company were filed on 07/30/2019	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office as		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

<u>Title</u>	Name	Address	Type of Action
AMBR	GINA BENDER	506 ANDREWS AVE DELRAY BEACH, FL 33483	
			☐ Change
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			Remove
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(If an e <u>Note:</u> docur	tive date, if other than the flective date is listed, the date must. If the date inserted in this blument's effective date on the Decord specifies a delayed	at be specific and cannot b ock does not meet the a epartment of State's re	e prior to date of filing applicable statutory : cords.	or more than 90 days afte filing requirements, th	iis date will not be li	sted as the
(b) Th	e 90th day after the rec	ord is filed.				
Dated	AUGUST 26	. 2019	·			
	MASI	2				
	,	Signature of a member of	authorized representa	ative of a member		
	GARRETT BENDER					
		Typed o	r printed name of signo	te	_	

D. If amending any other information, enter change(s) here. (Ander diamond success, if necessary)

Page 3 of 3

Filing Fee: \$25.00