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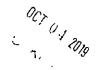
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COVER LETTER

Division of C	orporations		
3305 NO SUBJECT:	RTHLAKE BLVD., LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	GUY RABIDEAU, ESQ.		
	-	Name of Person	
	RABIDEAU LAW		
		Firm/Company	
	400 ROYAL PALM WAY	Y. SUITE 404	
		Address	
	PALM BEACH, FL 33480)	
	GRABIDEAU@RABIDEA		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please concerning	all:	
GUY RABIDEAU, ES	SQ	561 655-6221	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing 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 radditional 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

3305 NORTHLAKE BLVD., LLC

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

(A Fronda Limite	ed Calonity Company)		
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{08/6}{1}$	01/2019	and assigned
Florida document number <u>L19000196380</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	r <u>e</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the de	signation "LLC" or the ab	obreviation "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 registered agent and/or the new registered office address h Name of New Registered Agent: New Registered Office Address:	ere:		2019 SEP 20 MH He new
		da street address	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of i is provided for in C	my duties, and I am) hapter 605, F.S. Or.	familiar with and if this document is
IIC	hanging Registered Ago	ent, Signature of New Re	gistered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
.			Add
			Remove
			Change
		 	Add
			□ Remove
			Change
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fective date, if other than the date of filings in effective date is listed, the date must be specific and otte: If the date inserted in this block does not me cument's effective date on the Department of St	eet the applicable sta	of tiling or more than 90 da tutory filing requireme	(optional) sys after filing.) Pursuant to 69 nts, this date will not be lis	05.020 sted as
record specifies a delayed effective da The 90th day after the record is filed.	ate, but not an e	ffective time, at 12	2:01 a.m. on the ear	lier o
SEPTEMBER 19	2019			
	1+50=			

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Typed or printed name of signee

Filing Fee: \$25.00