To: 18506175383 From: 12143052508 Date: 12/05/19 Time: 9:49 AM Page: 01/04

12/5/2019

Division of Corporations



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 : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

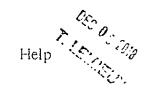
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TO ARTICLES OF ORGANIZATION OF

OF		
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	nour reports)	(4), (I
The Articles of Organization for this Limited Liability Company were filed on $\overline{\mathcal{O}}$	1) 2019 an	d assigned
Florida document number L 19000 204 995	1 1	C
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here	: 20 M	
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation	m "L.L.C."
Enter new principal offices address, if applicable:	ر د د	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	<u> </u>	
Enter new mailing address, if applicable:	: # : E	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here:	our records, enter the na	ume of the new
Name of New Registered Agent:		
New Registered Office Address: Enter Florida	o street address	 -
Cin	, 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sean Goldstein	835 NE 19th Armer, Apt. 11	🗆 Add
		Fort Landerdale, FL 33304	
			Change
<u>AWRU</u>	Sean Goldstein	835 NE 19th Annue, Apt. 11	>X ∧dd
		Fort Lauderdale, FL 33304	☐ Remove
			☐ Change
AMBR	Crain Goldsteir	1204 Mandanoc	. <u>↓</u> □ ∧dd
		Pour Randaroc	Remove
			Change
			_
			□ Remove
			Change
·			O Add
			Remove
			Change
			D Add
		·	Remove
			🗆 Change

To: 18506176383 From: 12143052508 Date: 12/05/19 Time: 9:49 AM Page: 04/04 (((H19000351885 3))) D. If amending any other information, e. ... change(s) here: (Attach additional sheets, ... ecessary.) E. Effective date, if other than the date of filing: _ _ (optional) (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3xb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated NOWM Signature of a member or authorized representative of a member Sean Goldstein Typed or printed name of signee

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