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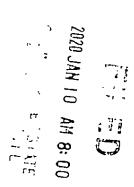
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MC



November 26, 2019

TODD BUCHMAN 400 W 44TH ST MIAMI BEACH, FL 33139

SUBJECT: 606 S. DALE MABRY, LLC

Ref. Number: L19000217731

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000054086.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

UC:

Letter Number: 419A00024202

## **COVER LETTER**

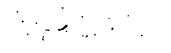
TC	P: Registration Se Division of Cor			
CH	606 S. Dale	Mabry, LLC		
30	BJECT.		ited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ase return all correspo	ndence concerning this matter	to the following:	
		Todd Buchman		
		·	Name of Person	
		100 W 14th CT	Firm/Company	
		400 W 44th ST		
			Address	
		Miami Beach, FL 33139		
			City/State and Zip Code	
		tabuchman@gmail.com		<del> </del>
			to be used for future annual report noti	neation)
Fo	r further information co	oncerning this matter, please co	ıll:	
Τα	dd Buchman		at (305 ) 528-8	757
	Name o	f Person	at (325) F2F-8 Area Code Daytim	e Telephone Number
En	closed is a check for th	ne 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 (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

opears on our records.) my)
August 26, 2019 and assigned
w here:
the designation "LLC" or the abbreviation "L.L.C."
202
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, warren
ur records, enter the name of the new registe
r Florida street address
, Florida

### 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.

City

Zip Code

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

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Remove
			☐ Change
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C December date	if ash an share shared		ber 47, 2019		(	
(If an effective date Note: If the da	, if other than the da e is listed, the date must be te inserted in this block ective date on the Depar	specific and cannot does not meet the	applicable statut	ling or more than 90 ory filing requirem	(optional) days after filing.) Pursu- ents, this date will no	ant to 605.020 of be listed a
(b) The 90th d	ecifies a delayed e ay after the record		out not an effe	ective time, at	.2:01 a.m. on th	e earlier o
Dated October	A 29	2019	)			
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Page 3 of 3

Filing Fee: \$25.00