119000218499

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer

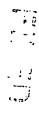
Office Use Only



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CC 107/23 FM 4:41

2019 NOV 26 PH 1:



NOV 2 7 2019 C Killise, CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

> ACCOUNT NO. : I20000000195

REFERENCE : 063888

AUTHORIZATION

COST LIMIT

ORDER DATE: November 26, 2019

ORDER TIME : 4:05 PM

ORDER NO. : 063888-005

CUSTOMER NO: 86218A

DOMESTIC AMENDMENT FILING

NAME: 810 SYCAMORE STREET, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED - COPY_ 7 _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT#62968

EXAMINER'S INITIALS:

NOTE: PLEASE PROVIDE CC OF THIS DOCUMENT AS WELL AS ALL

CHARTER DOCUMENTS.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

810 Sycamore Street, LLC		
(Name of the Limited L	lability Company as it now appears on our records.) lorida Limited Liability Company)	
(///	torida Emmed Elabitity Company)	
The Articles of Organization for this Limited Liabil-	ity Company were filed on 9/5/2019	and assigned
Florida document number L19000218499		
1 forida document number	,	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
		2019
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	· - ·
-		2 VI
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A.	DDRESS)	<u> </u>
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		
• • • •	registered office address on our records, e	nter the name of the new
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	
	nater Ploridu Street address	
_	, Florid	a
	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

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

AUTON - Authorized Member		' (
<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Scotto Properties LLC	25 Washington Street	_ Add
		Morristown, New Jersey 07960	🗆 Remove
			Jhange
MGC	Anthony SCOTTO	25 washington st	🗆 Add
		25 Washington St Morristown/NJ 07960	Remove
			☐ Change
			□ Add
			Remove
			Change
			🗆 Add
		·	Remove
			Change
			
			□ Remove
			Change
			Add
			□ Remove
			□ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record specifies and delayed effective date.		
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document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated		
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Dated November 100 Signature of a member	Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Dated November 100 -		
Dated November 200 . 2015. Signature of a member		
Signature of a member		e 90th day after the record is filed.
Signature of a member or authorized representative of a member		e 90th day after the record is filed.
	b) Th	
	b) Th	
	b) Th	November Die , 2019

Page 3 of 3

Filing Fee: \$25.00