## L19000 272 857

Office Use Only



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08/18/20--01010--008 \*\*25.00

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## COVER LETTER

TO:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**SUBJECT:** FB 2415 PARTNERS, LLC

The enclosed Articles of Amendment and fee are submitted for filing.

Enclosed is a check for the following amount:

\$25.00 Filing Fee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 年118 AH 9: 32 FB 2415 PARTNERS LLC

(Name of the Limited Liabil (A Florid	ility Company a da Limited Liabi	s it now appears on lity Company)	our records.)	<del>!</del>
The Articles of Organization for this Limited Liability (Florida document number L19000272857	Company wei	e filed on 11/14/2	019	_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability	company here:		
The new name must be distinguishable and contain the words "Lir	mited Liability (	Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADD	RESS)			,
	_			<del></del> -
Enter new mailing address, if applicable:		<del></del>		1
(Mailing address MAY BE A POST OFFICE BOX)	_			<del></del>
	_			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ress on our recor	ds, <u>enter the name</u>	of the new registe
Name of New Registered Agent:				
Now Powintered Office Address				
New Registered Office Address:		Enter Florida st	reet address	
<u></u>	. Florida			
		City		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete per agent as prov red office add	formance of my c ided for in Chap	luties, and I am far ter 605, F.S. Or, if	niliar with and this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ВЕНМАМ СОНЕММЕНК	PO BOX 4715	
		GREAT NECK, NY 11023	
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## Page 2 of 3

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(ote: If the date inserted in this	he date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date willing be listed	0207 ( d as t
e record specifies a delay The 90th day after the r		ctive time, at 12:01 a.m. on the earlie	r of:
ated June 15	2020	(	
bely	Signature of a member or authorized repres	sentative of a member	
BEHNAM COHENN	1EHR		
<del></del>	Typed or printed name of s	ignee	

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Filing Fee: \$25.00