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(Requestor's Name) (Address) (Address)	900353404229
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2020

CHRISTOPHER P MEIER 5581 SW 13TH STREET PLANTATION, FL 33317

SUBJECT: 500 BURTON DR. 1213, LLC Ref. Number: L19000299347

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 120A00022933

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ст: <u>500</u>	Button DR. Name of Limited Liability Company	1213, LLC

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

Please return all correspondence concerning this matter to the following:

Firm'Company Address

ate and Zip Code Meier FIRM. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meic at (454) 47 Area Code Day Christaph Davtime Telephone Number

Enclosed is a check for the following amount:- See Altacha Lettor Alcent/ PAil

□ \$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 Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES	OF AMENDMENT TO	
ADTICLES (DF ORGANIZATION	
ANTICLES		
	OF	
(Name of the Limited Liability (A Florida	ompany as it now appears on our records.) mited Liability Company)	. ^ `
The Articles of Organization for this Limited Liability Con Florida document number $L 9000299347$	ppany were filed on 2.9.2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limits</u>	i liability company here:	
500 BUTTON	·····	
The new name must be distinguishable and contain the words "Limite	Lishility Company" the designation "I I C" of the abbr	aviation "L.L.C."
The new name must be distinguishable and contain the words. Entrice	that in the designation and of the of the action	eviation e.n.e.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS/	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ffice address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	····
	121	
	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 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>	Name	<u>Address</u>	Type of Action
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			🗆 Add
		m.	🗆 Remove
			□ Add
			🗆 Remove
			Change
			🖾 Add
			Remove
			□ Change
			🗆 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 December Shinature of a member or authorized representative of a member Christo vped or printed name of signee