L20 000051023

| (Requestor's Name) | |
|---|---|
| (Address) | |
| (104,000) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| (Document Number) | |
| (====, | |
| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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| 10: | Division of Cor | | ليو. | | . 44 |
|----------------|---------------------|--|--|-----------------------------------|---|
| | 1600 SE 15 | TH 502 LLC | | | 4 N |
| SUBJE | СҬ:. | Name of Lim | ited Liability Company | | |
| | | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | | |
| | | Tony Palombino | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 425 CORAL WAY | | | |
| | | | Address | ···· | |
| | | FORT LAUDERDALE, F | 1. 33301 | | |
| | | | City/State and Zip Code | | |
| | | tpalombino@yahoo.com | to be used for future annual | report notification | |
| For furti | her information c | oncerning this matter, please co | | Tepon (Milliand) | , |
| Tony Pa | alonibino | | | 7-03 67 | |
| | Name o | f Person | at () Area Code | Daytime Teleph | none Number |
| Enclose | d 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 en | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres | | Street A | | |
| | Registration 5 | | | ration Section on of Corporati | ons |

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1600 SE 15TH 502 LLC

| (Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company) | ecords.) | | |
|--|--|-----------------------|-------------------|
| The Articles of Organization for this Limited Liability Company were filed on February 13 Florida document number L20000051023 | . 2020 | _ and ass | signed |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation | "LLC" or the abbre- | viation "L | .L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | <u>-</u> | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | P2) | |
| B. If amending the registered agent and/or registered office address on our records, e | nter the name o | Stheener | v regis |
| agent and/or the new registered office address here: | iter the name o | Ę- |) |
| | <u> </u> | P.K | Ţï, |
| Name of New Registered Agent: | <u> </u> | <u>~</u> ; | <u> </u> |
| New Registered Office Address: | Šw. | 50 | |
| Enter Florida street a | nddress | | |
| | Florida | | |
| Ciny | | 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, provisions of all statutes relative to the proper and complete performance of my dutie accept the obligations of my position as registered agent as provided for in Chapter 6 being filed to merely reflect a change in the registered office address, I hereby confir company has been notified in writing of this change. | es, and I am fam 805, F.S. Or, if t | iliar wii his doci | th and iment i |

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Actio |
|--------------|-------------|----------------------|---------------|
| AMBR | Erick Hill | 1849 Douglass Blvd | = Add |
| | | Louisville, KY 40205 | □Remove |
| | | | □Change |
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| | g any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (It'an effective of Note: If the | 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 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records. |
| the record spec cord is filed. | ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated April | . 2020 |
| | lasta |
| | Signature of a member or authorized representative of a member |
| | Tony Palambino Typed or printed name of signee |

Filing Fee: \$25.00