L200000 78172

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

Office Use Only



800349320978

08/10/20--01038--029 **25.00

TISTEN DE SELLE SE

S. YOUNG

020 AUG 10 PM 5: 38

August 3, 2020

Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

RE: 685 E GRAPEFRUIT AVE LLC

To Whom It May Concern:

Enclosed with this letter please find the following:

- 1. The articles of Amendment.
- 2. A check for \$25 for the Filing Fee.
- 3. A pre-addressed envelope.

Please file and return the certificate to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741.

Sincerely yours.

Jasmine Barkum Authorized Representative

COVER LETTER

	Registration Se Division of Cor			
CHD ICZ		PEFRUIT AVE LLC		
SUBJEC	, r:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rei	turn all correspo	ndence concerning this matter	to the following:	
		Jasmine Barkum		
			Name of Person	
			Firm/Company	
		3225 McLeod Drive, Suite	· 100	
			Address	
		Las Vegas, Nevada 89121		
			City/State and Zip Code	
		ra@andersonadvisors.com		
		E-mail address: (to be used for future annual report notific	cation)
For furthe	er information co	oncerning this matter, please co	ılk:	
Jasmine I	Barkum		800 706-4741	
	Name of	Person	at () Area Code Daytime '	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	© 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

685 E GRAPEFRUIT AVE LLC		220
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	120 AUG 10
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000078172}{1.20000078172}$	y were filed on $\frac{3/3/2020}{}$	The mand assigned The Court of
This amendment is submitted to amend the following:		39 39
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LEC"	or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	3225 McLeod Dr. Suite 100 Las	s Vegas, NV 89121
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	3225 McLeod Dr. Suite 100 Las	s Vegas, NV 89121
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, re:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	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

$\mathbf{AMBR} = A$	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
		·	Remove
			Change
			Add
			☐ Remove
			Change
			
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
		<u> </u>	DAdd
			□ Remove
			Change
			
			Remove
			□ Change

	•			
				
****				-
		····	_	
		····		
		-		
			· -	• • • • • • • • • • • • • • • • • • • •
fective date, if other than n effective date is listed, the date ote: If the date inserted in the cument's effective date on the	is block does not meet the	applicable statutory	(option or more than 90 days after filing requirements, this	onal) filing.) Pursuant to 605.020 s date will not be listed a
record specifies a dela The 90th day after the	ayed effective date, t record is filed.	out not an effect	ve time, at 12:01 a	a.m. on the earlier o
August 3.	2020)		
^	Signature of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00