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	To:	Division of Corporations			Č
		Fax Number : (850)617-6383			
	From:	Account Name : LAZARUS CORPORATE FILING	SERVICE, I'NG	2 .	
		Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944		[三]	
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	en.	LC AMND/RESTATE/CORRECT OR M THE LOFT 806 LLC Certificate of Status	I/MG RES		
2020 APR 15 PM 4:53	en.	LC AMND/RESTATE/CORRECT OR M THE LOFT 806 LLC	1/MG RES		

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Lon 806 LLC		
(Name of the Limited Lighlit (A Florids	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/01/2020	and assigned
1,20000094731		20
lorida document number 120000094731	_·	20
This amendment is submitted to amend the following:	•	2020 APR
A. If amending name, enter the new name of the limi	ited liability company here:	<u>.</u>
The Loft 608 LLC		<u> </u>
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.J.C."
·		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI-	RESS)	
) 		•
- W. W. W. W. W. W.		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, enter t	ine name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Hoggiersa Omeganistic	Enter Florida street address	5
	Fi	orida
	City	Zip Code
n e e e e e e e e e e e e e e e e e e e	ad a conto	
New Registered Agent's Signature, If changing Register	cu Agent.	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my auties, at agent as provided for in Chapter 605, red office address, 1 hereby confirm th	F.S. Or, if this document is
	ı	
1	1	
I	If Changing Registered Agent, Signature	of flow 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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
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			□Reprove
			☐ Remove
			□Add
			□ Re:по∨с
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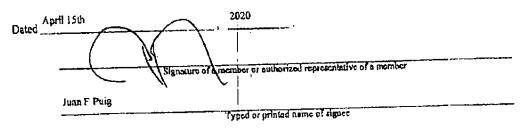
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E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or ourse than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(If an effective date instanted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 n.m. on the earlier of: (b) The 90th day after the record is filed.



Filing Fee: \$25.00