Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000420474 3)))



H200004204743ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

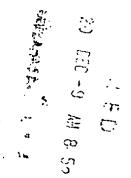
Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

10 DEC -9 PM 12: 0

LLC DISSOLUTION OR WITHDRAWAL 225 DAISY REALTY LLC

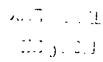
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

Mailing Address: Registration Section Street Address: Registration Section		egistration Section of Corp							
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MICHELE B. SOFTNESS	eup wet		REALTY LLC						
Please return all correspondence concerning this matter to the following: MICHELE B. SOFTNESS		·	Name of Limi	ted Liability Company					
MICHELE B. SOFTNESS Name of Person CARLTON FIELDS, P.A. Firm/Company 700 NW. 1ST AVENUE, SUITE 1200 Address MIAMI, FLORIDA 33136 City/State and Zip Code MSOFTNESS@CARLTONFIELDS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person at (Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{305}{Area Code} \frac{539-7234}{Daytime Telephone Number} Enclosed is a check for the following amount: \$\frac{305}{Area Code} \frac{500}{Daytime Telephone Number} Street Address: Registration Section Registration Section	The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Name of Person CARLTON FIELDS, P.A. Firm/Company 700 NW. 1ST AVENUE, SUITE 1200 Address MIAMI, FLORIDA 33136 City/State and Zip Code MSOFTNESS@CARLTONFIELDS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person Area Code S30.00 Filing Fee A Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Malling Address: Registration Section Street Address: Registration Section	Please retu	rn all correspon	ndence concerning this matter	to the following:					
CARLTON FIELDS, P.A. Firm/Company 700 NW. 1ST AVENUE, SUITE 1200 Address MIAMI, FLORIDA 33136 City/State and Zip Code MSOFTNESS@CARLTONFIELDS, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person Area Code Soft Daytime Telephone Number Enclosed is a check for the following amount: Soft Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) Mailling Address: Registration Section Street Address: Registration Section			MICHELE B. SOFTNESS						
Firm/Company 700 NW. IST AVENUE, SUITE 1200 Address MIAMI, FLORIDA 33136 City/State and Zip Code MSOFTNESS@CARLTONFIELDS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person Area Code S30.0 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Malling Address: Registration Section Street Address: Registration Section				Name of Person					
Address MIAMI, FLORIDA 33136 City/State and Zip Code MSOFTNESS@CARLTONFIELDS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person at (CARLTON FIELDS, P.A.						
Address MIAMI, FLORIDA 33136 City/State and Zip Code MSOFTNESS@CARLTONFIELDS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person Area Code Name of Person S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Street Address: Registration Section				Firm/Company					
MIAMI, FLORIDA 33136 City/State and Zip Code MSOFTNESS@CARLTONFIELDS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person Area Code S39-7234 at (700 NW. 1ST AVENUE, S	SUITE 1200					
City/State and Zip Code MSOFTNESS@CARLTONFIELDS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person at (Address					
MSOFTNESS@CARLTONFIELDS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S55.00 Filing Fee} \text{S55.00 Filing Fee} & \text{Certificate of Status} & \text{Certificate of Status} & \text{Certified Copy} & \text			miami, Florida 33136	i					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$				City/State and Zip Code					
For further information concerning this matter, please call: MICHELE B. SOFTNESS Name of Person Area Code Name of Person Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc									
MICHELE B. SOFTNESS Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Malling Address: Registration Section S30.00 Filing Fee & Certificate of Status & Certifica			E-mail address: (to be used for future annual report n	otification)				
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$	For further	r information c	oncerning this matter, please ca	all:					
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MallIng Address: Registration Section Area Code Daytime Telephone Number \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Street Address: Registration Section	MICHEL	E B. SOFTNES	SS	,					
■ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) MallIng Address: Registration Section \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Street Address: Registration Section		Name o	f Person		ime Telephone Number				
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Malling Address: Registration Section Certificate of Status & Certified Copy (additional copy is enclosed)	Enclosed i	is a check for th	ne following amount:						
Registration Section Registration Section	≣ \$25.00	0 Filing Fee		Certified Copy	Certificate of Status &				
	_				Section				
- 0 0 11.1				Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		=		-					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	agree to act in this ca lete performance of m as provided for in Ch	ly duties, and I am Jamitiar with apter 605, F.S. Or, if this docur	n ana ment is
New Registered Agent's Signature, if changing Registered Ag	ent:		
	City	, Florida Zip Code	
	Enter r torta		
New Registered Office Address:	Post on Elevisia	a street address	
Name of New Registered Agent:			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our rec	•	registe
		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		to C -1.	
Enter new mailing address, if applicable:		(c)	
		13	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new principal offices address, if applicable:			<u></u> -
The new name must be distinguishable and contain the words "Limited L	iability Company," the desi	gnation "LLC" or the abbreviation "L.L.	.C."
A. If amending name, enter the new name of the limited l	lability company here	:	
This amendment is submitted to amend the following:			
Florida document number L20000226789			
The Articles of Organization for this Limited Liability Compa	any were filed on 07/30	/2020 and assig	med
(Name of the Limited Liability Con (A Florida Limit			

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	Address	Type of Action
MGR	DAVID M. ROTTENGERG	225 WEST BROADWAY NEW YORK, NY. 10013	= Add
			□Remove
	<u></u>		□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

					-				
					<u> </u>				
-	······································	•		· <u>·</u>	-	 -		<u>-</u>	
								<u> </u>	
		<u> </u>		<u> </u>	<u> </u>			_ .	
			_ <u>-</u> _				_		
						···			
				<u> </u>	<u> </u>				
									
									
						<u> </u>	-		
				_					
fective da	te, if other tha	an the date of	filing:				(option	al)	×04.020
ote: If the	late is listed, the d	this block does	not meet the	he applicab	date of filing of	or more than 9 filing require	nents, this d	ing.) Pursuant late will not b	c listed as
cument's e	ffective date or	the Departmen	it of State's	records.					
	.~ 11 1	60 41 Jaka 1.		Yaatisa tim	- at 12:01 a	m on the ea	rlier of: (h)	The 90th day	v after the
record speci is filed.	ifies a delayed e	errective date, b	ut not an et	iective tim	e, at 12.01 a.	iii. oii uic ca	ner or. (o)	7110 7001 00	, шист пле
				20					
nted	EMBER 8,		,	<u> </u>	_ ·				
\cap	while	bax							
ł _		Signatza	e of a memb	er or authori	zed represents	ative of a mem	ber		_

Filing Fee: \$25.00