## Lh0000248043

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(Re	questor's Name)		-
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(Cit	y/State/Zip/Phone	#)	<b>-</b>
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	e)	-
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Certified Copies	_ Certificates	of Status	
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Special Instructions to	Filing Officer:		

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## **COVER LETTER**

TO: Registration So Division of Cor		•	
1315 North		•	
SOBJECT:	Name of Em	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filling.	
Please return all correspo	ondence concerning this matter	to the following.	
	Chase Caindee		
		Name of Person	· -··
		Linii Company	
	3225 McLeod Drive, Suite	) [100	
		Address	
	Las Vegas, Nevada 89121		
		City State and Zip Code	<del></del>
	rata/andersonady(sors.com F-mail address. (	to be used for future annual report notifi	cation
For further information c	concerning this matter, please c		
Chase Caindee		800 706-4741	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he following umount:		
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Uce & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status a Certified Copy (additional copy is enclose

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1315 North LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records, ned Unability Company)	ι,
The Articles of Organization for this Limited Liability Comp. Torida document number $\frac{1.20000268043}{1.0000268043}$ .	oany were filed on _08 28/2020	and assigned
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited</u>	liability company here:	
he new name must be distinguishable and contain the words "Limited F	nability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	20
		20 5
		ST M
Inter new mailing address, if applicable:		24
Mailing address MAY BE A POST OFFICE BOX)		COC P TI
naming address MAT BE ST (ST OTTTCE BOX)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		• •
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
	. Flo	rida
**************************************	, Flo	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

I amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added ir removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Short Hill Holdings, LLC	8 SHORT HILL RD.	<b>=</b> Add
		NEW CITY, NY 10956	☐ Remove
			Change
AMBR	JMaldo Investment Holdings, 11.C	3700 GALT OCEAN DRIVE	■ Add
		APT. 1204	☐ Remove
		FORT LAUDERDALE, FL 33308	☐ Change
			🗅 Remove
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ffective date, if other than the date of fi an effective date is listed, the date imist be specific ote: If the date inserted in this block does no ocument's effective date on the Department of	ot meet the applic	able statutory fi	t more than 90 days: ling requirements.	ptional) after filing.) Purs this date will	mant to 69 not be li	05,020 sted :
e record specifies a delayed effectiv The 90th day after the record is file		ot an effectiv	e time, at 12:0	l a.m. on t	he ear	lier
September 9th ated	2020					
	<u> </u>	<u> </u>				
		<del>-</del>	ive of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00