

9/14/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H20000318732 3)))



H200003187323ABC-

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 : COURT ACCESS CENTERS OF AMERICA
Account Number : 075350000541
Phone : (813)875-1333
Fax Number : (813)200-1050

PRIVATE
SEP 16 2020

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: 444realty@gmail.com

2020 SEP 14 PM 3:15

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
37TH NORTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

2020 09 14 17:10:10

37TH NORTH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/01/2020 and assigned Florida document number 120000271871.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1110 Neptune Dr

Ruskin, FL 33570

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1110 Neptune Dr.

Ruskin, FL 33570

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Gary Dove

New Registered Office Address:

1110 Neptune Dr

Enter Florida street address

Ruskin

Florida

33570

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.

DocuSigned by:

Gary Dove

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 8D7D0864-4897-4026-8825-BAB403419705

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Gary Dove	1110 Neptune Dr	<input checked="" type="checkbox"/> Add
		Ruskin, FL 33570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brownsville Properties LLC	3225 MCLEOD DRIVE, SUITE 100	<input type="checkbox"/> Add
		LAS VEGAS, NV 89121	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Armando DeLeon	1110 Neptune Dr	<input checked="" type="checkbox"/> Add
		Ruskin, FL 33570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: N/A (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted 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 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9/14/2020

DocuSigned by:

Gary Dove

Signature of a member or authorized representative of a member

Gary Dove, Authorized Member

Typed or printed name of signer