12000396397

(Requestor's Name)
(Address)
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,
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(Document Number)
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COVER LETTER

TO:	Registration Sec Division of Corp		į	2
eud II		H PROPERTIES, LLC	•	
SUBJE	.c.:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Avraham Cutler		
			Name of Person	
		Ballon Stoll P.C.		
			Firm/Company	. <u>.</u>
		810 Seventh Avenue, Suite	2 405	
			Address	
		New York, NY 10019		
		dsemeniuk@ballonstoll.com	City/State and Zip Code	
		-	to be used for future annual report notif	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
Daryn	a Semeniuk		212 575-7900 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	e following amount:		
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	etion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30 ENGLISH PROPERTIES, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 1.20000396397 This amendment is submitted to amend the following:	were filed on <u>12/18/2020</u>	and ass	signed	
A. If amending name, enter the new name of the limited liabi	ility company here:			
30A ENGLISH PROPERTIES, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L	.L.C."	
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)				_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name	of the ne	w regis	 stered
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:			92 €	
New Registered Office Address.	Enter Florida street address Florida		71 26	-
	City	Zip Code	<u> </u>	
New Registered Agent's Signature, if changing Registered Agent:		-	ಪ	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar wi f this doc	iin ana ument	

If Changing Registered Agent, Signature of New Registered Agent

"If am inding 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			. Remove
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an effective date is list ote: If the date inse	rted in this block do	citic and cannot be prior	able statutory filing	(option ore than 90 days after fig requirements, this o	ial) ling.) Pursuant to 605.0207 late will not be listed as
record specifies a de is filed.	layed effective date,	but not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
October 6		2022	<u></u> .		
		ure of a member or auth			
	Signati	are of a member or auth	orized representative	of a member	

Filing Fee: \$25.00