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Florida Department of State
Division of Corporations
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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

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTH DADE INDUSTRIAL PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

MAR - 4 2021

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTH DADE INDUSTRIAL PARTNERS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAY KOENIGSBERG, ESQUIRE

Name of Person

CARLTON FIELDS, P.A.

Firm/Company

700 NW 1ST AVENUE, SUITE 1200

Address

MIAMI, FLORIDA 33136

City/State and Zip Code

JKOENIGSBERG@CARLTONFIELDS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY KOENIGSBERG

305 539-7333
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2021 MAR -3 AM 10:29
STATE OF FLORIDA
TALLAHASSEE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH DADE INDUSTRIAL PARTNERS, 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 FEBRUARY 2, 2021 and assigned Florida document number L21000031 084.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	SDIP INVESTORS, LLC	2800 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		SUITE 1160	<input type="checkbox"/> Remove
		CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Change
MGR	DAVID BROWN	2800 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		SUITE 1160	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Change
MGR	VICTOR BROWN	2800 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		SUITE 1160	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Change
MGR	STEVEN BROWN	2800 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		SUITE 1160	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FLORIDA 33134	<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

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

STATE OF TEXAS
COUNTY OF DALLAS

2021 MAR -3 AM 10:23

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E. Effective date, if other than the date of filing: _____ (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 MARCH 2, 2021

Signature of a member or authorized representative of a member

VICTOR BROWN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee