## LZ1000173527

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## **COVER LETTER**

TO: Registration S Division of Co		ž	•
	XBOROUGH LANE LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Eric Nathanson		
		Name of Person	
	Trans Global Realty, LLC		
		Firm/Company	
	120 NW Spanish River Bl	vd. Suite 4	
•		Address	
	Boca Raton, FL 33431		
		City/State and Zip Code	
	Wallst77@gmail.com	to be used for future annual report no	čistimsi m
For further information	concerning this matter, please c		our canony
William Harper		954 735-4000 at (	
Name	of Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
(Mailing Addre (Registration Division of C	Section Corporations	Street Address: Registration S Division of Co	orporations
P.O. Box 63: (Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17651 FOXBOROUGH LANE LLC		
( <u>Name of the Limited Liabi</u> (A Flore	lity Company as it now appears on our record da Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 4/14/2021	and assigned
Florida document number L21000173527	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
17534 Scarsdale Way LLC		
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)	
	<del></del>	<del></del>
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		
		٠ ٦
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new register
		. 1
Name of New Registered Agent:		
N 10 1 10 10 10 10 10 10 10 10 10 10 10 1		
New Registered Office Address:	Enter Florida street addres.	<u> </u>
	, Flo	Orida
	**V	•

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			Change
			□Add
_			□Remove
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ffecti	ve date, if other than the date of filing:
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocume	ent's effective date on the Department of State's records.
	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
l is file	rd.
	May 20th 2021
ated _	May 20th 2021
	< $/$
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee