

(((H21000354671 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 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.\*\*

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|------|---------|-------|-------|
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1112 DEVELOPMENT, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

SEP 23 2021

M. SOLOMON.

Tallahassee, FL 32314

## COVER LETTER (03/06) 09/22/2021 07:21:29 AM

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

|             | Registration Sec<br>Division of Corp |  | •   |   |
|-------------|--------------------------------------|--|---|---|
|             |                                      | LOPMENT, LLC                                 |   | •   |
| SUBJEC      | т:                                   | Name of Limi                                 | ted Liability Company   |   |
| The encl    | osed Articles of A                   | Amendment and fee(s) are sub-                | nitted for filing.  |   |
| Please re   | turn all correspon                   | ndence concerning this matter (              | to the following:   |   |
|             |                                      | Joseph M. Landolfi, Jr., LL                  | M.  |   |
|             |                                      |  | Name of Person  |   |
|             |                                      | Shapiro, Blasi, Wasserman                    | , & Hermann, P.A.   |   |
|             |                                      |  | Firm/Company  | 440   |
|             |                                      | 7777 Glades Road, Suite 4                    |   |   |
|             |                                      |  | Address   |   |
|             |                                      | Boca Raton, Florida 33434                    | ı   |   |
|             |                                      |  | City/State and Zip Code   |   |
|             |                                      | jlandolfi@sbwh.law                           |   |   |
|             |                                      | E-mail address: (                            | to be used for future annual report notif                           | fication)   |
| For furth   | er information co                    | oncerning this matter, please or             | all;  |   |
| Joseph f    | M, Lanfolfi, Jr.                     |  | 561 477-7800<br>at ()   |   |
| <del></del> | Name of                              | Person                                       | Area Code Daytim  | e Telephone Number  |
| Enclosed    | d is a check for th                  | e following amount:                          |   |   |
|             | .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 Address                      |  | Street Address:   | ation.  |
|             | Registration S<br>Division of C      |  | Registration Se<br>Division of Cor                                  |   |
|             | P.O. Box 632                         |  | The Centre of T   | •   |

## Leslie Sellers 8004323622 ARTICLES OF AMENDMENT 07:22:26 AM

## TO ARTICLES OF ORGANIZATION OF

H21000354671

| 1112 DEVELOPMENT, LLC   |                               |                            |                     |                |
|---|-------------------------------|----------------------------|---------------------|----------------|
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)                                    | on our records.)              |                            |                     |                |
| The Articles of Organization for this Limited Liability Company were filed on  Florida document number                            | une 28, 2021                  | _ and as                   | ssigned             |                |
| This amendment is submitted to amend the following:   |                               |                            |                     |                |
| A. If amending name, enter the new name of the limited fiability company be   | <u>re</u> :                   |                            |                     |                |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de-                                   | signation "LLC" or the abbre  | viation "                  | L.L.C."             | <del></del>    |
| Enter new principal offices address, if applicable:   |                               |                            | <u></u>             |                |
| (Principal office address MUST BE A STREET ADDRESS)   |                               |                            | 2121                |                |
| <u></u>   |                               | £ 1.1.                     | L.J.                | <u> </u>       |
| Enter new mailing address, if applicable:   |                               |                            | 22                  |                |
| (Mailing address MAY BE A POST OFFICE BOX)  |                               | 14 (1)<br>14 (1)<br>14 (1) | <u>≯</u> rs         |                |
|   |                               | <u>ेर्</u> ड<br>(#2        | <del>::</del><br>36 |                |
| B. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here: | ecords, <u>enter the name</u> | of the n                   | ew reg              | <u>istered</u> |
| Name of New Registered Agent:   |                               |                            |                     |                |
| New Registered Office Address:  | ida street address            | <u> </u>                   |                     |                |
|   | . Florida                     |                            |                     |                |
| City  |                               | Zip Cod                    | e.                  |                |

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:

H21000354671

MGR = Manager AMBR = Authorized Member

| Title | Name              | Address                           | Type of Action |
|-------|-------------------|-----------------------------------|----------------|
| MGR   | PINNACLE PROPERTY | 8310 Banpo Bridge Way             | □Add           |
|       | INVESTORS, LLC.   | Delray Beach, Florida 33446       | Remove         |
|       |                   |                                   | □ Change       |
| MGR   | MAUREEN BOKZAM    | 6001 Broken Sound Parkway NW #503 | <b>=</b> Add   |
|       |                   | Boca Raton, Florida 33487         | □Remove        |
|       |                   |                                   | □Change        |
|       |                   |                                   | , □ Add 2021   |
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