

3/4/22 8:00 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing (Cover Sheet)
L22000015693

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.

((H220000830123)))



H220000830123ABCS

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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 MMG RESIGN
2800 S. ANDREWS HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

<https://efile.sos.state.fl.us/efile/eFile.asp>

2022 MAR -4 AM 7:29
REGISTERED MAIL
FILED

APPROVED
AND
FILED

2022 MAR -4 AM 10:07
FILED

3/4/22 2:03 AM

Division of Corporations

Estimated Charge	\$25.00
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((H22000083012 3))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2800 S. Andrews Holdings, 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 01/06/2022 and assigned
Florida document number L22000015693.

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)

2022 MAR 4 AM 7:29
FILED
TALLAHASSEE, FLORIDA
STATE

APPROVED
AND
FILED

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

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((H22000083012 3))

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	Matt McLaughlin	2800 S. Andrews Avenue	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33316	<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
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			<input type="checkbox"/> Change

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