

L22000033728

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000065270 3)))



H220000652703ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEWALL'S POINT OFFICE CONDO LLC.**

***faxed on 2/18;
confirmation attached.
please give original date
as file date

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

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Electronic Filing Menu

Corporate Filing Menu

Help

FEB 24 2022

D CUSHING

****faxed on 2/18/22 - still not reflected in Sunbiz; plesae honor original fax date below****

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Friday, February 18, 2022 3:11 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6383
Attachments: fax_outbound_850-617-6383_20220218_141022_00005859-0000.pdf

Create Time: 02/18/2022 02:06:54 PM

Schedule Time: 02/18/2022 02:10:22 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org:

Capitol Services, Inc.

Subject: H22000065270

Max tries: 5

Try interval: 600

Priority: 3

Pages: 6

Recipient fax: 850-617-6383

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

COVER LETTER

TO: Registration Section
Division of Corporations

H22000065270

SUBJECT: Sewall's Point Office Condo 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:

Anisia Rodriguez del Rey

Name of Person

Sewall's Point Office Condo LLC

Firm/Company

2121 SW 3rd Avenue - Suite 101

Address

Miami, FL 33129

City/State and Zip Code

anisiardelrey@keyes.com

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

For further information concerning this matter, please call:

Anisia Rodriguez del Rey

305 779.18.65
at ()

Name of Person

Area Code

Daytime 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 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

H22000065270

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H22000065270

Sewall's Point Office Condo 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 January 31, 2022

Florida document number 122000033728

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

H22000065270

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

H22000065270

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Keyes Asset Management Inc		<input type="checkbox"/> Add
		2121 SW 3rd Avenue- Suite 101, Miami, FL 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Illustrated Properties LLC	2725 PGA BLVD, Palm Beach Gardens FL 33410	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H22000065270

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

[illegible]

E. Effective date, if other than the date of filing: January 26, 2022 (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 February 18, 2022

Signature of a member or authorized representative of a member

Anisia Rodriguez del Rey

Typed or printed name of signee