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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-55<del>00</del> 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 3640 NE 6TH AVE LLC

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Certified Copy	1
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#### **COVER LETTER**

TO:	Registration Sec Division of Corp				
	3640 NE 6	TH AVE LLC			
SUBJI	ECT:	Name of Limit	ted Liability Company		<del></del>
		Amendment and fee(s) are subm			
rtease	return an correspon	Zachary Rose	o die ionowing.		
		3640 NB 6TH AVE LLC	Name of Person		<del></del>
		2810 E OAKLAND PARK	Firm/Company  C BLVD STE 200		
		PORT LAUDERDALE, FL 33306	Address		<del>-</del>
		E-mail address: (t	o be used for flitture annual	report notification)	
For fu	ther information co	oncerning this matter, please ca	11:		
Zach	ary Rose		95	4-271-2718	
	Name o	f Person	at () Area Code	Daytime Telepho	one Number
Enclos	ed is a check for th	ne following amount:			
□ <b>\$</b> 2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	<u>ıs:</u>	Street Ac	idress:	

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

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	TED VADA
3640 NE 6TH AVE LLC		- <b>R</b> D Y
(Name of the Limite	ed Liability Company as it now appears on our r (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li.  L22000194258  Torida document number	ability Company were filed on	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w Enter new principal offices address, if applications of the address of	able:	"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BQX)	
B. If amending the registered agent and/or r agent and/or the new registered office addres		enter the name of the new registered
Name of New Registered Agent:	WHITE ROSE STR PROPERTIES LLC	
New Registered Office Address:	2810 E OAKLAND PARK BLVD, SUITE	E 200
THE STATE OF THE PARTY OF THE P	Enter Florida street	
	FORT LAUDERDALE	, 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>	Address	Type of Action
MGR	WHITE ROSE PROPERTIES LLC		
			🗆 Add
		2810 E OAKLAND PARK BLVD, SUITE 200 FORF LAUDERDALE, FL 33306	🖺 Remove
			☐ Change
MGR	WHITE ROSE STR PROPERTIES LLC	2810 E OAKLAND PARK BLVD, SUITE 200 FORT LAUDERDALE, FL 33306	
<del></del>		100. 2100.200.	<b>■</b> Add
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Filing Fee: \$25.00