123000510476

(Requestor's Name)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200420715792

12/21/23--01013--018 **25.00

110/24

2023 DEC 21 AM 8: 22 SECT WAY SEE, FL

COVER LETTER

10: Registration S Division of Co					
3300 N U SUBJECT:	NIVERSITY LLC				
	Name of Lir	ited Liability Company			
	f Amendment and fee(s) are sub	<u>-</u>			
Please return all corresp	ondence concerning this matter	to the following:			
	Charles D. Brecker, Esq.				
		Name of Person		-	
	Dickinson Wright				
		Firm/Company	- , ,	•	
	350 E. Las Olas Blvd., Su	ite 1750			
		Address		•	
	Fort Lauderdale, FL 3330	İ			
		City/State and Zip Code		20	
	E-mail address: (to be used for future annual report notificat	(40)	2023 DEC 21 SECNTAI	T
For further information	concerning this matter, please c	all:		C 21	Locare Locare
Judy Hunt		954 991-5435 at ()			
Name	of Person		lephone Number	AH 8: 22	0
Enclosed is a check for	the following amount:			1	\ C
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3300 N UNIVERSITY LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on November 13, 2023	and assigned
Florida document number L23000510476	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	_	207. SE
		e n
B. If amending the registered agent and/or register	ed office address on our records, enter the na	me of the new regist
agent and/or the new registered office address here	:	
Name of New Registered Agent:		က်ပ ထာ
		22 ATE
New Registered Office Address:	Enter Florada street address	<u>m</u> 10
	viner viorant sover anaress	
<u> </u>	, Florida _	
	Cny	7.17 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.

Hamending 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	1009 Second Avenue Associates	10545 Versailles Blvd.	
		Wellington, FL 33449	
			□Change
MGR	Richard Kassis	10545 Versailles Blvd.	■Add
		Wellington, FI, 33449	
			2023 Remove 2 Plange
			OF S FATE CRemove
			Change
			CAdd
			□Remove
			□Change
			CAdd
			□Change

Company's Limited Liability Cor	npany Agreement.	-		
	 ,			
		,		
- MARKET				
				
			·	2023 SEI TI
			<u></u>	30EC
				2 2
			<u> </u>	- <u>- 1</u>
		· · · · · · · · · · · · · · · · · · ·		OF ST. 89
				: 22 TATE FL
				
fective date, if other than the dat	e of filing: Dece	ember 18	,2023 (optio	onal)
n effective date is listed, the date must be state. If the date inserted in this block (specific and cannot be pric does not meet the appli	or to date of filing or icable statutory fili	more than 90 days after ng requirements, this	filing.) Pursuant to 605.02 s date will not be listed
cument's effective date on the Depar	ment of State's record	S.		
ecord specifies a delayed effective da	ie but not an effective	time at 12:01 a.m	and the applicants (b). The Obth does all or th
is filed.	se, our not an effective	time, at 12.01 a.m	on the entire of, (o) The miriday affer th
December 18	2023			
DocuSigned by:		·		
Dall	Km			

Filing Fee: \$25.00

Typed or printed name of signee