L24000226850

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

From:
Account Name : DICKINSON WRIGHT PLLC
Account Number : I20190000026
Phone : (248)205-3227
Fax Number : (844)670-6009

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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2024 AUG 26 AM 11:38

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIVEWEST 2005-75 SOUTH FEDERAL

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T. LE EUX
AUG 27 2024

COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: FIVEWEST 2005-75 SOUTH FEDERAL
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:

MICHAEL GNESIN, ESQ.
Name of Person

DICKINSON WRIGHT PLLC
Firm/Company

350 E. LAS OLAS BLVD., SUITE 1750
Address

FORT LAUDERDALE, FL 33301
City/State and Zip Code

MGNESIN@DICKINSON-WRIGHT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL GNESIN, ESQ. at (954) 991-5452
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FIVEWEST 2005-75 SOUTH FEDERAL

(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 JULY 9, 2024 and assigned Florida document number L24000306850.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FIVEWEST 2005-75 SOUTH FEDERAL, LLC

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)

2200 NORTH OCEAN BLVD., #S1701
FORT LAUDERDALE, FL 33305

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: MAXIME REMILLARD

New Registered Office Address: 2200 NORTH OCEAN BLVD., #S1701
Enter Florida street address

FORT LAUDERDALE, Florida 33305
City *Zip Code*

FILED
2024 AUG 26 AM 11:39

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

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MAXIME REMILLARD	2200 NORTH OCEAN BLVD., #S1701	☐Add
		FORT LAUDERDALE, FL 33305	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

E. **Effective date, if other than the date of filing:** _____ **(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 8/22/2024 . _____ .

DocuSigned by
Maxime Remillard
Signature of a member or authorized representative of a member

MAXIME REMILLARD
Typed or printed name of signee

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Filing Fee: $25.00