# L98000002291

| (Requ                       | estor's Name)   |           |
|-----------------------------|-----------------|-----------|
| (Addre                      | ess)            |           |
| (Addre                      | ess)            |           |
| (City/s                     | State/Zip/Phone | #)        |
| PICK-UP                     | ☐ WAIT          | MAIL      |
| (Busir                      | ness Entity Nam | e)        |
| (Docu                       | ment Number)    |           |
| Certified Copies            | Certificates    | of Status |
| Special Instructions to Fil | ing Officer:    |           |
|                             |                 |           |
|                             |                 |           |
|                             |                 |           |

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02/14/17--01017--008 \*\*25.00



## ALL CITY TITLE COMPANY

February 10, 2017

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

Re: Filing of Documents for Inverrary Plaza West, L.C.

Our File Number: 16-043

Dear Sir/Madam:

With regard to the file referenced above, enclosed you will find our check # 14907 for \$25.00, in payment of your filing fee for the amendment to Articles of Organization.

If you have any questions regarding this matter, please contact our office.

Very truly yours,

ALL CITY TITLE COMPANY

Jasaline Quiroga

2500 N. Military Trail

Suite 235

Boca Raton, Florida 33431

(561)361-9400

Enclosure

### **COVER LETTER**

| TO: Registration S Division of Co |  |   |   |
|-----------------------------------|--|---|---|
| Inverrary                         | Plaza West, L.C.                             |   |   |
| SUBJECT:                          | Name of Lim                                  | ited Liability Company  | <del></del>   |
| The enclosed Articles of          | f Amendment and fee(s) are sub               | mitted for filing.  |   |
| Please return all corresp         | ondence concerning this matter               | to the following:   |   |
|                                   | Samuel Susi                                  |   |   |
|                                   | · · · · · · · · · · · · · · · · · · ·        | Name of Person  | <del></del>   |
|                                   |  | Firm/Company  |   |
|                                   | 7806 Charney Lane                            |   |   |
|                                   |  | Address   |   |
|                                   | Boca Raton, FL 33496                         |   |   |
|                                   |  | City/State and Zip Code   |   |
|                                   | sam@susienterprises.com  E-mail address: (   | to be used for future annual report n                               | otification)  |
| For further information           | concerning this matter, please ca            | all:  |   |
| Samuel Susi                       |  | 561 483-2030<br>at ()   |   |
| Name                              | of Person                                    | Area Code Dayt  | ime 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| Inverrary Plaza West, L.C.   |  |                           |
|--|--|---------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited                | any as it now appears on our records.)<br>Liability Company) |                           |
| The Articles of Organization for this Limited Liability Company          | y were filed on October 16, 1998                             | and assigned              |
| Florida document number L98000002291                                     |  |                           |
| This amendment is submitted to amend the following:                      |  |                           |
| A. If amending name, <u>enter the new name of the limited lial</u>       | bility company here:   |                           |
| The new name must be distinguishable and contain the words "Limited Liab | ility 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)                      |  | - 17<br>- 17              |
| •  |  |                           |
|  |  | TAR<br>ASS                |
| Enter new mailing address, if applicable:                                |  |                           |
| (Mailing address MAY BE A POST OFFICE BOX)                               |  | 77 18 17                  |
|  |  |                           |
| B. If amending the registered agent and/or registered o                  | office address on our records, e                             | nter the name of the ne   |
| registered agent and/or the new registered office address her            | re:  |                           |
| Name of New Registered Agent:  |  |                           |
| New Registered Office Address:   |  |                           |
|  | Enter Florida street address                                 |                           |
|  | , Florid   | <del></del>               |
|  | Ciţi   | Zip Code                  |
| New Registered Agent's Signature, if changing Registered Agent           | <u> </u>   |                           |

#### 1

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          | Samuel Susi | 7806 Charney Lane, Boca Raton, F  |                |
|              |             |                                   | □ Remove       |
|              |             | <del></del>                       | Change         |
| MGRM         | Samuel Susi | 7806 Charney Lane, Boca Raton, F. | □ Add          |
|              |             |                                   | ■ Remove       |
|              |             |                                   | ☐ Change       |
|              |             |                                   |                |
|              |             |                                   | Remove         |
|              |             |                                   | Change         |
|              |             |                                   | Add            |
|              |             | <del></del>                       | □ Remove       |
|              |             |                                   | ☐ Change       |
|              |             |                                   | DAdd           |
|              |             |                                   | ☐ Remove       |
|              |             | <del> </del>                      | Change         |
|              |             |                                   |                |
|              |             |                                   | Remove         |
|              |             |                                   | Change         |

| "Article IV - Management: The Company is to be manage   | d by a manager. The name and address of the manager                               |
|---|---|
| is Samuel Susi, 7806 Charney Lane, Boca Raton, FL 3349  | 6."   |
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| A) . A-A- 26 - 17 - 14 - 14 - 15 - 17 - 1   | (   |
| ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to the date in the date of the | (optional) to date of filing or more than 90 days after filing.) Pursuant to 605. |
| if the date inserted in this block does not meet the application in the insert of State's records.  | ible statutory filing requirements, this date will not be liste                   |
|   |   |
| ecord specifies a delayed effective date, but not<br>se 90th day after the record is filed.   | t an effective time, at 12:01 a.m. on the earlie                                  |
| 2 5000 42, 4115, 410 (640) 2 12 1114  |   |
| d February 7 , 2017 ,   | ·   |
| W <sub>1</sub>  | Ad  |
|   |   |

Page 3 of 3

Filing Fee: \$25.00