# L030000000

Office Use Only



400184520094

08/23/10--01018--026 \*\*25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

and the second s

T. CLINE

AUG 2 4 2010

**EXAMINER** 

Ocean King Apartments, LLC 14500 NE 6<sup>th</sup> Ave, Office B North Miami, FL 33161 Tel. (305) 945-6667 Fax. (305) 945-6668

## Ocean King Apartments, LLC

## Memo

To:	Florida Department of State	From: Ocean	n King Apartments, LLC
Fax:		Pages: 6 inclu	iding cover and check
Tel:	(850) 245-6051	<b>Date:</b> 8/20/10	0
RE:		CC:	,

Enclosed please find the daytime telephone number on top.

20年初623 新第53

#### **COVER LETTER**

TO: Registration S Division of Co							
SUBJECT: OCEAN KING APARTMENTS, L.L.C.							
SUBJECT:		ted Liability Company	_				
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	ELI COHEN						
Name of Person							
Ocean King Apartments, LLC							
Firm/Company		Firm/Company					
13315 NE 6 Ave, Office		2016 AUG 23 SECRETAR' TALLAHASS					
Address			62%				
	North Miami, Florida 33161						
	City/State and Zip Code		- EFIG				
For further information	econcerning this matter, please c	to be used for future annual report notification)	- Andrew				
	-						
	ELI COHEN of Person	at ( 305 ) 945-6667  Area Code & Daytime Telephone Nur	mher				
Name	OF LEISON	Area Code & Daytime Telephone Ival	HOCI				
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ificate of Status & ified Copy itional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:				

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN KING APA	RTMENTS, L.L.C.	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our receivability Company)	ords.)
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
The Articles of Organization for this Limited Liability Company	were filed on Ob 19)2	2003 and assigned
Florida document number 103.0000 222.99	Į.	
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	-1 1-3
,		
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the desi	gnation "LLC" or the abbreviation
"L.L.C."		SA N
Enter new principal offices address, if applicable:		
• • •		77 3
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		ੋੜਾ
Enter new mailing address, if applicable:	13315 NE 6 Ave, Office	<del>)</del>
(Mailing address MAY BE A POST OFFICE BOX)	North Miami, FL 33161	
	-	
	<u> </u>	
B. If amending the registered agent and/or registered of		s, enter the name of the nev
registered agent and/or the new registered office address her	<u>·e</u> :	
Name of New Registered Agent:		
27 5 7 1000 411		
New Registered Office Address:	Enter Florida :	street address
	Differ Fronting Street again our	
		lorida Zip Code
	City	zip Coae

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** Shlomo Chelminsky 13315 NE 6 Ave. Office ✓ Add North Miami, FL 33161 Remove King City Management, INC MGR 1001 North Miami Beach Blvd ☐ Add North Miami Beach, FL 33162 Remove ☐ Add Remove □ Add Remove 258  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee