

LDL 000031821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

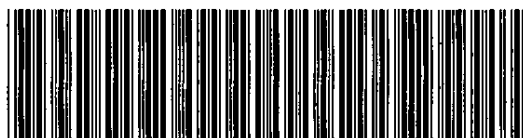
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC 30 2008

EXAMINER



100139159201

12/29/08--01016--013 **55.00

08 DEC 29 PM 2:39

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

Ry 12/24/08

**TO: Registration Section
Division of Corporations**

SUBJECT: 1005 Midblock Investments LLC
(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:

Robert Jacobs

(Name of Person)

1005 Midblock Investments LLC

(Firm/Company)

P.O. Box 800418

(Address)

Aventura, FL 33280

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Jacobs

(Name of Person)

at (305) 298-6283

(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/COURIER ADDRESS:

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

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

1005 Midblock Investments LLC

(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 03/27/2006 and assigned
Florida document number L06000031821.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

201 North Dixie Highway

Hallendale Beach, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 800418

Aventura, FL 33280

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 29 PM 2:39

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:

New Registered Office Address:

201 North Dixie Highway

(Enter Florida street address)

Hallendale

(City)

, Florida 33009

(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 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)

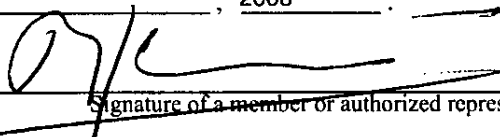
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BAKKER, ROBERT W	9553 HAWKINS AVE SUITE # 304 SURFSIDE (FL) 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JACOBS, ROBERT	19801 EAST COUNTRY CLUB DRIVE APT 41-608 VENTURA (FL) 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated December 23, 2008



Signature of a member or authorized representative of a member
Robert Jacobs

Typed or printed name of signee