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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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G. HARVEY

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJ	JECT: 2	00 NW 8 AVENUE LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all corresp	ondence concerning this matter	to the following:	
		GRISE	L CALDERO	
			Name of Person	
		LAW OFFICE	OF VALERIA SCHVARTZ	MAN
			Firm/Company	a - The region of commencer and the commencer an
		15807 E	BISCAYNE BLVD, STE 113	
			Address	
		NORT	TH MIAMI BCH, FL 33160	SECRETATION AGON
		a	City/State and Zip Code risel@schvartzmanlaw.com	
			to be used for future annual report notific	rion) Z
For fi	urther information	concerning this matter, please e	·	- D
	GRISEL	CALDERO	at (305) 974-0114 x	200
	Name	of Person		elephone Number
Enclo	ised is a check for	the following amount:		
X \$	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

bility Company as it now appears or rida Limited Liability Company) y Company were filed on		
· ·	18/2006 and assigned	
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imited liability company here	:	
"Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."	<u>-</u>
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gistered office address on o ddress here:	our records, <u>enter the name of the </u>	<u>new</u>
ELISABET D SAFDIE		_
3559 MAGELLAN CIRCL	E, UNIT 325-2	
Enter Florid	a street address	
AVENTURA	, Florida <u>33180</u>	٠.
*	Zip Code	
ered Agent:	,	
nt and agree to act in this ca	pacity. I further agree to comply with i y duties, and I am familiar with and	the
	egistered office address on offices bere: ELISABET D SAFDIE 3559 MAGELLAN CIRCL Enter Florida AVENTURA City	rgistered office address on our records, enter the name of the address here: ELISABET D SAFDIE 3559 MAGELLAN CIRCLE, UNIT 325-2 Enter Florida street address AVENTURA , Florida 33180 Cup Zp Code

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

MGR = Manager

AMBR = Authorized Member

<u>Address</u> **Type of Action** Title Name MGR SAFDIE, ISAAC E WEST PARK, FL 33023 Remove 3559 MAGELLAN CIRCLE, UNIT 325-2 MBR_ SAFDIE, ELISABET D AVENTURA, FL 33180 __ 🗆 Remove 3559 MAGELLAN CIRCLE, UNIT 325-2 MBR SAFDIE, GISELA S AVENTURA, FL 33180 □ Remove 3559 MAGELLAN CIRCLE, UNIT 325-2 MBR SAFDIE, AARON J **AVENTURA, FL 33180** □ Remove ☐ Remove __ 🗆 Add _____ □ Remove

Animal resources and resources	
Auditor-make delaka sama separatura samana samana samana	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and car the date this document is filed by the Florida Department of State)	(optional) mot be more than 90 days after
Dated NOVEMBER 21 , 2014	(optional) inot be more than 90 days after
the date this document is filed by the Florida Department of State)	D.

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RESIGNATION OF MEMBER FOR A LIMITED LIABILITY COMPANY

ISAAC E SAFDIE hereby resigns as manager-member of 200 NW 8 AVENUE LLC, a Florida LIMITED LIABILITY COMPANY organized under the laws of the State of Florida; and affirms that the limited liability company has been notified in writing of the resignation.

ISAAC É SAFDIE

November 24, 2014

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