Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000138975 3)))



H100001389753ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number: 074677001117 Phone: (305)372-1350

Fax Number

: (305)372-1350 : (305)372-1352 L. SELLERS

EXAMINER

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

PECEIVED
10 JUN 14 PM 12: 11
SECRETARY OF STATE
ILLAHASSEE. FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 607 LINCOLN ROAD, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$25.00	

SECRITARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

08/14/2010 11:42 TEL 3053721352

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

607 LINCOLN ROAD, 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 onAPRIL 1, 2010 and assigned Florida document numberL10000035680
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)
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:
New Registered Office Address:
Enter Florida street address (
City Florida 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 amfamilian 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.

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

(((H10000138975 3)))

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>	Name	Address	Type of Action	
MGRM	ANTONIO RIZZI	607 LINCOLN ROAD MIAMI BEACH, ELORIDA 33139	Add Remove	
<u>MGRM</u>	STEFANO FRITTELLA	607 LINCOLN ROAD MIAMLBEACH, FLORIDA 33139	_ ✓ Adđ _ Remove	
			Add Remove	
			Add Remove	
			Add Remove	
	·		Add Remove	
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_	
			-	
	T	10	- -	
Dated	JUAL FT., 20	authorized representative of a member		
Alan W. Levine, Authorized Representative Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00