

110000068003

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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2014
T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2127 PLUNKETT 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:

ILEANA NOA

Name of Person

CONCORDE LAND TITLE SERVICES, INC.

Firm/Company

134 S. DIXIE HIGHWAY, #110

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

INOA@CONCORDELTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ILEANA NOA

Name of Person

at **(305) 356-8403**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2014

ILEANA NOA
CONCORDE LAND TITLE SERVICES, INC.
134 S DIXIE HIGHWAY #110
HALLANDALE BEACH, FL 33009

SUBJECT: 2127 PLUNKETT LLC
Ref. Number: L10000068003

We have received your document for 2127 PLUNKETT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 614A00008964

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2127 PLUNKETT 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 AUGUST 9, 2010 and assigned
Florida document number L10000068003.

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

Florida

City

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 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

FILED
14 MAY 16 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

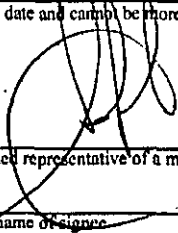
MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SOFIA P. GEIMAN	1886 TYLER ST	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Remove
MGR	ADRIAN GEIMAN	703 CAMINO GARDENS LANE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
MGRM	MARIO DIMILTA	1886 TYLER ST	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" 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.)

E. Effective date, if other than the date of filing: _____ (optional) *SPG*
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 21 2014



Signature of a member or authorized representative of a member

SOFIA P. GEIMAN

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00