# L10000100733

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SECRETARY OF STATE
ALL AMASSEE, FLORIDA

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# **COVER LETTER**

	egistration Sec ivision of Corj			
CUD IECT	205 COLLI	NS, LLC		
SUBJECT	•	Name of Limi	ted Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retu	rn all correspoi	ndence concerning this matter t	to the following:	
		ANNETTE SCHIFFLER		
			Name of Person	. , <del> </del>
		205 COLLINS, LLC		
			Firm/Company	
		20801 BISCAYNE BOUL	EVARD SUITE 403 # 1001	
			Address	
		AVENTURA, FL 33180		
			City/State and Zip Code	
		MONIQUE.MCHCONSUL	_	
		E-mail address: (t	o be used for future annual report notific	ation)
For further	information co	ncerning this matter, please ca	ıli:	
FABRICE	HERZSTEIN	<u> </u>	786 521-3977	
	Name of	Person	at () Area Code Daytime 1	Celephone Number
Enclosed is	s a check for the	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	. \$\square\$ \$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

205 COLLINS, LLC			
(Name of the Limi	ited Liability Company as it i (A Florida Limited Liability)	now appears on our records. Company)	<u></u>
The Articles of Organization for this Limited I Florida document number L110000100773	Liability Company were fi	led on 09/27/2010	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			15 SEP
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office ad	ldress on our records, <u>enter th</u>	<u> </u>
Name of New Registered Agent:	MONIQUE HERZSTI	EIN	5: 28 SIAIE
New Registered Office Address:	20801 BISCAYNE BO	ULEVARD SUITE 403  Enter Florida street address	
	AVENTURA	, Florida <sup>33180</sup>	)

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** \_□ Add □ Remove □ Change \_□ Add □ Remove ☐ Change \_🗖 Add \_□ Remove \_□ Change \_ Add \_□ Remove \_□ Change \_□ Add □ Remove ☐ Change

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Effective date, if other th	an the date of fi	09/09/2015		(optional)	<b>₹</b>	۵	
(If an effective date is listed, the one of the list of the date inserted in document's effective date of the list	this block does n	ot meet the applical	o date of filing or more t ble statutory filing red	han 90 days after filing.)	Pursuant will not b	to 605.0 se listed	0 <b>2</b> 07 (3 d as th
the record specifies a do ) The 90th day after th	elayed effectiv he record is file	e date, but not ed.	an effective time	e, at 12:01 a.m. (	on the e	earliei	r of:
Dated SEPTEMBER 9TH	<b></b>	2015					
	Signature of	Of a member of author	ized representative of a	member		<u> </u>	
SCHIFFLER AN		A-A-wis	The state of the				
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Page 3 of 3

Filing Fee: \$25.00