

LI1000046907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 OCT 10 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
10/12/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JETSET REALTY, 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:

I _____
Name of Person

JETSET REALTY, LLC

Firm/Company

1000 5th street , suite 414

Address

Miami Beach / FL 33139

City/State and Zip Code

management@satormanagement.com

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

For further information concerning this matter, please call:

Eleonora Todaro _____ 305 7983095
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

JETSET REALTY, 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 04/20/2011 and assigned
Florida document number L11000046907.

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 contain 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)

1000 5th Street, Suite 414

Miami Beach FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 5th street, Suite 414

Miami Beach FL 33139

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:

1000 5th Street, Suite 414

Enter Florida street address

Miami Beach

City

Florida

33139

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

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OCT 10 AM 10:00
SECRETARY OF
TALAMASSEE
COUNTY
FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Eleonora Todaro	1000 5th street, suite 414	<input type="checkbox"/> Add
		Miami Beach , FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Michelle Halfon	1000 5th street, suite 414	<input type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

*per
Eleonora
Todaro
1/12/17*

17 OCT 10 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 OCT 10 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/03 2017

Signature of a member or authorized representative of a member

Eleonora Todaro

Typed or printed name of signee