## L11000115188

(Re	equestor's Name)			
(110	-q			
(Ac	idress)			
(,				
(Ac	idress)			
`	•			
(Ci	ty/State/Zip/Phor	e #)		
PICK-UP	WAIT	MAIL		
(Ві	ısiness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500214359255

11/29/11--01022--013 \*\*30.00

2011 NOV 29 AM 13: 16
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS NOV 3 0 2011 EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co		in the second se	<b>◆</b> ¥ 5			
SUBJECT:	Isram Residentia	al Monterey Lakes, LLC				
, subject:	·	ited Liability Company	<del></del>			
		•				
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.				
	oondence concerning this matter	-				
· · · · · · · · · · · · · · · · · · ·	,	i to the tone mag.	•			
	Shaul Rikman					
	Name of Person					
Isram Residential Monterey Lakes, LLC						
Firm/Company						
506 S. Dixie Hwy						
Address						
	•	Hallandale, FL, 33009				
City/State and Zip Code						
	st	naul@isramrealty.com				
	`	to be used for future annual report notif	rication)			
For further information	concerning this matter, please of	call:				
	ai Moschowits	at (	5-2822 x 207			
Name	of Person	Area Code & Daytin	e Telephone Number			
Enclosed is a check for	•		_			
\$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)			
		<b>J</b>				
Regis Divis P.O. l	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 NOV 29 AM 11: 16

. Isram Reside	<u>ntial Monterey Lakes</u>	, LLC	ARY OF STATE	
( <u>Name of the Limited Liabili</u> (A Florida	ITIAL MONIERRY LAKES  Ity Company as it now appears  Lakes  Limited Liability Company)	AHALLAH	SSEE.FLORIDA	
The Articles of Organization for this Limited Liability Florida document numberL11000115188				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here	<b>2:</b>		
The new name must be distinguishable and end with the w'L.L.C."	ords "Limited Liability Compar	ny," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADL	DRESS)			
		•••		
Enter new mailing address, if applicable:	<del> </del>			
Mailing address MAY BE A POST OFFICE BOX)				
		<del> </del>		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ur records, <u>enter 1</u>	the name of the new	
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 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.

If Changing Registered Agent, Signature of New Registered Agent

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> <u>Name</u> **Address** Type of Action Marcus, Alan J ESQ MGR 20803 Biscavne Boulevard ☐ Add √ Remove Suite 301 Aventura FL 33180 US MGR Katzman, Abigail 3872 NE 199 Terrace ✓ Add Remove Aventura FL 33180 US ☐ Remove ∏Add Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 28th/ 2011 Dated 5 Signature of a thereber or authorized representative of a member Shaul Rikman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00