

L13000 0603 38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

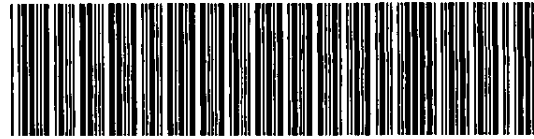
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amended

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05/06/13--01025--030 **25.00

FILED
2013 MAY -6 AM 8:55
STATE
MAY 1 AM 4:55 PM 01025

J. SAULSBERRY
EXAMINER

MAY 8 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IS13 Management, 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:

William Fuller
Name of Person
IS13 Management, LLC.
Firm/Company
1637 SW 8th St, Ste 200
Address
Miami, FL 33135
City/State and Zip Code
bill@barlingtongroup.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

William Fuller. at 305, 525-7662.
Name of Person 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1513 Management, 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 _____ and assigned Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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:

~~Benjamin Bush~~ Benjamin Bush

New Registered Office Address:

2030 S. Douglas Road, Ste 108

Enter Florida street address

Coral Gables

City

Florida

33134

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.

N/A

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

Title	Name	Address	Type of Action
MGRM	Ben Bush	2030 S. Douglas Road Suite 108, Coral Gables FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Benjamin Bush	2030 S. Douglas Road Suite 108, Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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2018 MAY 16 AM 8:59
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 2018 MAY 16 AM 8:59

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 5/1, 2013.

Will

Signature of a member or authorized representative of a member

William Fuller, MomR.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 MAY -6 AM 8:55
DEPARTMENT OF STATE
FALLS CHURCH, VA 22034