

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
		-
(City	/State/Zip/Phone	∋#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
	ming Gillioon.	





200224026462

03/08/12--01019--002 **25.00

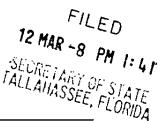
HILED 12 MAR -8 PM 1: LT SEUNETARY OF STATE ALLAHASSEF FLORIDA

K.SALY EXAMINER MAR 9 2012

COVER LETTER

TO:	Registration S Division of Co	Section orporations		
SUBJI	· 2 C T•	50 BISCA	AYNE 5109 LLC	And the state of t
SUBJI				CONTRACTOR OF THE BOOK AS AS AS
				Buch Commence
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Eric Mastantuono	
			Name of Person	
		50	BISCAYNE 5109 LLC	
			Firm/Company	
			Address	
			Miami, FL 33132	
			City/State and Zip Code	
	•	E-mail address (f	icmvip@hotmail.com o be used for future annual report no	otification
For fur	ther information	concerning this matter, please c		onnoattony
	Erio	: Mastantuono	at (786)	715-3817
	Name	of Person	Area Code & Day	time Telephone Number
Enclose	ed is a check for t	the following amount:		
\$25	.00 Filing Fce	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle .	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



50 BISCAYNE 5109 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 Liabili	ty Company were filed on _	February 23, 2012	and assigned
Florida document number L12000026230	<u>) </u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company l	nere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		n our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	C'	, Florida	7: 6.4.
	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
MGRM	Frederic Srouchi	50 Biscayne Blvd. Unit 4002 Miami, FL 33132	Add Remove
			□Add □Remove
			∏Add Remove
D. If amendi	ng any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	_
			_
			 _
Dated	March 5	2012	
-	Signature of a m	ember or managed representative of a member Eric Mastantuono Typed or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00