13000098194

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- COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

1601 N CENTRAL AVE #104 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:

BENJAMIN HOLLAND

Name of Person

Firm Company

3535 SOUTH OCEAN DRIVE, APT 505

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

judah@miamitimeinc.com

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

For further information concerning this matter, please call:

BENJAMIN HOLLAND

786 285-1962

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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

D. Hark

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 NOV -5 PM 12: 19 SELECTIONS OF STATE TALLARY SIFE, FLORIDA

(Name of the Limited	Liability Company as it now app. Florida Limited Liability Compan	pears on our records.) y)
The Articles of Organization for this Limited L Florida document number L13000098194	iability Company were filed on \$\frac{4}{2}.	JULY 11, 2013 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> :
The new name must be distinguishable and end wir-L.L.C.	th the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:	BENJAMIN HOLLAN	ND
New Registered Office Address: 3535 SOUTH OCEAN DRIVE, APT 505		
		Enter Florida street address
	HOLLYWOOD	, Florida 33019
	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
MGR	SHAYEH DOV	17131 NE 11TH CT	Add
		MIAMI, FL 33162	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
,			Add
			Remove
			Add
			Remove

2. Hele

. If amending any other information, e	nter changes), here: (311ach additional (hee)) if necessary)
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-	
OCTOBER 30	2013
731CO	······································
A. the	le
Signature	of a member or authorized representative of a member
BENJAMIN HOLLAN	ID
V	Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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