

L13000124552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

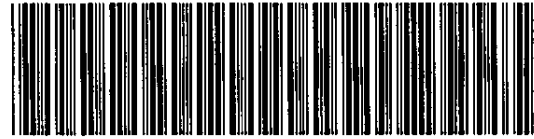
(Business Entity Name)

(Document Number)

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13 DEC 16 PM 1:52
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 27 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1733 - 1777 Overseas Highway, 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:

Elan Feldman

Name of Person

Firm/Company

1050 N.W. 21st Street

Address

Miami, FL 33127

City/State and Zip Code

floridacomplaw.aol.com

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

For further information concerning this matter, please call:

Laurence Leavy

Name of Person

at (954) 797-5297

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**

FILED
13 DEC 16 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1733 - 1777 Overseas Highway, 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 September 1, 2013 and assigned
Florida document number L13000124552.

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 end with 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)

4491 S. State Road 7, Ph1

Fort Lauderdale, FL 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4491 S. State Road 7, Ph1

Fort Lauderdale, FL 33314

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:

Laurence Leavy

New Registered Office Address:

4491 S. State Road 7, Ph1

Enter Florida street address

Fort Lauderdale

City

, Florida 33314

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.

LAURENCE LEAVY

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Elan Feldman	1050 N.W. 21st Street	<input type="checkbox"/> Add
		Miami, FL 33127	<input checked="" type="checkbox"/> Remove
MGRM	Laurence Leavy	4491 S. State Road 7	<input checked="" type="checkbox"/> Add
		PH 1	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33314	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated December 9 2013

 MSR

Signature of a member or authorized representative of a member

Elan Feldman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00