

L13000075625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

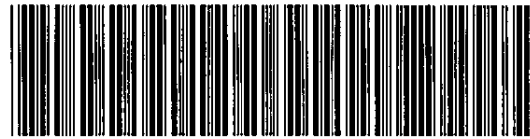
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500256337495

02/06/14--01019--016 **25.00

FEB - 7 2014

CLINE

2014 FEB - 6 PM 12:41
FEB 7 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PENINSULA 1003, 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:

MENDELSON, ASHI

Name of Person

Firm/Company

828 SPINNAKER DRIVE

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

mendelson65@gmail.com

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

For further information concerning this matter, please call:

MENDELSON, ASHI

Name of Person

at **305 6320502**

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

2014 FEB -6 PM 12:41

FILED

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

PENINSULA 1003, 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 05/23/2013 and assigned
Florida document number L13000075625.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: BBK REALTY & MANAGEMENT, LLC

New Registered Office Address: 21355 E. DIXEY HWY SUITE 101
Enter Florida street address

AVENTURA, Florida 33180
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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RODIE BENSIMON	21355 E. DIXIE HWY	<input checked="" type="checkbox"/> Add
		SUITE 101	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	
AMBR	LLAM TRUST LLC	2500 E. HALLANDALE BEACH BLVD	<input checked="" type="checkbox"/> Add
		SUITE PH-1	<input type="checkbox"/> Remove
		HALLANDALE, FL 33009	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 FEB - 11 PM 3:41

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **FEBRUARY 3**, **2014**



Signature of a member or authorized representative of a member

MENDELSON, ASHI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 FEB -6 PM 12:41
OFFICE OF THE CLERK
STATE OF FLORIDA