# L110000009085

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
3066	SEF LLC		
SUBJECT:		imited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are s	ubmitted for filing.	
Please return all correspond	lence concerning this matt	er to the following:	
	Richard N.	Schermer	
		Name of Person	
	Pathman L	ewis LLP	
		Firm/Company	<del></del>
	2 S. Biscay	ne Blvd., #2400	
	Atter, and and	Address	<del></del>
	Maimi, FL	33131	
		City/State and Zip Code	<del></del>
		thmanlewis.com s: (to be used for future annual report notifi	ication)
For further information con		,	,
Richard N. S		<sub>31</sub> , 305, 379-24	425
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for 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 & 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

3066 SEF LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L11000009085</u>	ility Company were filed on Jan. 21, 2011	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	FIL SEPRETA
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BO	<u></u>	M D
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> <u>address here</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u>-</u>	, Florida	
	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 = Mainager AMBR = Authorized Member

Title MGR	Name Sefran Management LLC	Address  17071 W. Dixie Highway  N. Miami Beach, FL 33160  □ Remove
MGR	Lillian Macken	201-91 Country Club Dr.  Aventura, FL 33180  Remove
MGR	Rachel Beispel	290 West End Avenue  New York, NY 10023  ■ Remove
MGR	Estate of Robert Franco	166 East 63rd Street  New York, NY 10021  Remove
		Add  20 Remove TALL AHASSS
		E CONTRACTOR Remove

, , , , ,	
<del></del>	
Effective date, if other than th	ne date of filing: (optional)
Effective date, if other than the effective date must be specific, car	ne date of filing: (optional) nnot be prior to date of receipt or filed date and cannot be more than 90 days after
Effective date, if other than the he effective date must be specific, care the date this document is filed by the l	nnot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
the date this document is filed by the I	Florida Department of State)
the date this document is filed by the I	ne date of filing:
the date this document is filed by the I	Florida Department of State)
the date this document is filed by the I	Florida Department of State)
the date this document is filed by the I	Florida Department of State)
Effective date, if other than the he effective date must be specific, can the date this document is filed by the located	Florida Department of State)  2014

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Filing Fee: \$25.00

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