110000068003

| (Re | equestor's Name) | , |
|-------------------------|--------------------|-----------|
| (Address) | | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200258980302

04/23/14--01012--006 **25.00

HAY 16 PH 3: 07

MAY 2 0 2014

T. BROWN

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:

2127 PLUNKETT 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:

ILEANA NOA

Name of Person

CONCORDE LAND TITLE SERVICES, INC.

Firm/Company

134 S. DIXIE HIGHWAY, #110

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

INOA@CONCORDELTS.COM

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

For further information concerning this matter, please call:

ILEANA NOA

Name of Person

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



April 28, 2014

ILEANA NOA CONCORDE LAND TITLE SERVICES, INC. 134 S DIXIE HIGHWAY #110 HALLANDALE BEACH, FL 33009

SUBJECT: 2127 PLUNKETT LLC Ref. Number: L10000068003

We have received your document for 2127 PLUNKETT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 614A00008964

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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

| AK | FICLES OF AMENDMENT TO | " Wag to a state of the state o |
|---|--|--|
| ADT | ICLES OF ORGANIZATION | FILE |
| ANI | OF | 14 May ED |
| | OI . | Michael 16 |
| 2127 PLUNKETT LLC | | TALLAHASSEE FISTATE |
| | ed Liability Company as it now appears on our re | cords.) |
| | (A Florida Limited Liability Company) | >//A * / * |
| he Articles of Organization for this Limited L | iability Company were filed on AUGUST | 9, 2010 and assign ed |
| orida document number L10000068003 | | |
| his amendment is submitted to amend the follo | owing | |
| ns amendment is submitted to amend the form | owing. | |
| If amending name, enter the new name o | f the limited liability company here: | |
| | | |
| e new name must be distinguishable and end with the | words "Limited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| | .11 | |
| nter new principal offices address, if applic | | |
| rincipal office address MUST BE A STREE | (T ADDRESS) | |
| | | |
| | | |
| ter new mailing address, if applicable: | | |
| Tailing address MAY BE A POST OFFICE | BOX) | |
| | | |
| | | |
| . If amending the registered agent and | or registered office address on our rec | ords, enter the name of the ne |
| gistered agent and/or the new registered of | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | P Pl 1 | |
| | Enter Florida street ad | aaress |
| | | , 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 = Manager

AMBR = Authorized Member

<u>Title</u> Name Address **Type of Action** 1886 TYLER ST SOFIA P. GEIMAN MGRM □ Add HOLLYWOOD, FL 33020 Remove **ADRIAN GEIMAN** 703 CAMINO GARDENS LANE MGR BOCA RATON, FL 33432 MARIO DIMILTA 1886 TYLER ST MGRM □ Add HOLLYWOOD, FL 33020 ☐ Add ☐ Remove ☐ Add _□ Remove □ Remove

| D. If amending any other information | , enter change(s) here: (Attach additional sheets, if necessary.) |
|--|---|
| | |
| | |
| | |
| | |
| E. Effective date, if other than the date. (The effective date must be specific, cannot be the date this document is filed by the Florida. | prior to date of receipt or filed date and camp) be more than 90 days after |
| Dated APRIL 21 | 2014 |
| | |
| | |
| SOFIA P. GEIM | nature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00