L11000056376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2014
T. BROWN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 2123 PLUNKET ST 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 at (305) 356-8403
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2014

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

SUBJECT: 2123 PLUNKET ST LLC
Ref. Number: L11000056376

We have received your document for 2123 PLUNKET ST 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.

Teresa Brown
Regulatory Specialist II

Letter Number: 414A00008966

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
14 MAY 16 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2123 PLUNKET ST 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 MAY 12, 2011 and assigned Florida document number L11000056376.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

2123 PLUNKETT ST LLC

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, **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

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

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)*** SP6

(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 APRIL 21, 2014.

Signature of a member or authorized representative of a member

SOFIA P. GEIMAN

Typed or printed name of signee

Filing Fee: $25.00