# L1400000

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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 601@201 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:	
rease retain an correspondence concerning this matter to the following.	
J Bared	
Name of Person	
Bared and Associates, PA	
Firm/Company	
201 Alhambra Circle Suite 601	
Address	
Coral Gables, FL. 33134	
City/State and Zip Code	
mimi@baredlaw.com  E-mail address: (to be used for future annual report notification)	<del></del>
For further information concerning this matter, please call:	
J Bared 305, 6666010	x 851
Name of Person Area Code Daytime Teleph	one 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

601@201 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 June 2, 2014	an	ıd assig	ned
Florida document number L1400009401			
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 t	he abbreviat	ion "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, entregistered agent and/or the new registered office address here:	er the na	ıme of	the ne
egistered agent and/or the new registered office address here.			
Name of New Registered Agent:		;	*****
New Registered Office Address:		の部	F ∰ No acada mana
Enter Florida street address		ा	1.
, Florida			
City	~ Zip (	Code	
New Registered Agent's Signature, if changing Registered Agent:		03	

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
Mgr	Julieta Bared	201 Alhambra Circle	<b>=</b> Add
		Coral Gables, Fl. 33134	□ Remove
			<u>.</u>
		<del></del>	□ Add
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ective date, if other than the date of filing:  effective date must be specific, cannot be prior to date of secrept or filed date and cannot be more date this document is filed by the Florida Department of State)	(optional) e than 90 days after
June 24, 2014	
11 ( )	
Signature of a member or authorized representative of a n	nember

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Filing Fee: \$25.00