

18/2014

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L14000138547**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ROTHMAN & TOBIN, P.A.  
Account Number : I20000000031  
Phone : (305)895-3225  
Fax Number : (305)895-7175

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
824 MERIDIAN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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BUREAU OF COMMERCIAL  
INFORMATION SERVICESSEP 19 2014  
J. HARRIS

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **842 Meridian, 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:

**Lawrence Kaizen**

Name of Person

**Rothman & Tobin, P.A.**

Firm/Company

**11900 Biscayne Blvd #740**

Address

**Miami, FL 33181**

City/State and Zip Code

**lkaizen@rothmanandtobin.com**

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

For further information concerning this matter, please call:

**Lawrence Kaizen**

Name of Person

at **305 895-3225**

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

09/18/2014 09:48

3058957175

ROTHMAN & TOBIN P.A.

PAGE 02/06

850-617-6381

"9/18/2014 9:21:00 AM" PAGE 17001 "Fax Server"



September 18, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

824 MERIDIAN, LLC  
824 MERIDIAN AVENUE  
UNIT 3E  
MIAMI BEACH, FL 33139

SUBJECT: 824 MERIDIAN, LLC  
REF: L14000138547

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H14000218582  
Letter Number: 914A00020000

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DIVISION OF CORPORATIONS

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

824 Meridian, 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 9/4/2014 and assigned  
Florida document number L14000138547.

This amendment is submitted to amend the following:

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

842 Meridian, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

842 Meridian Avenue Unit 3E

Miami Beach, FL 33139

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

842 Meridian Avenue Unit 3E

Miami Beach, FL 33139

**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

City, Florida

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**

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DIVISION OF CORPORATIONS

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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>
_____	_____	_____	<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
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

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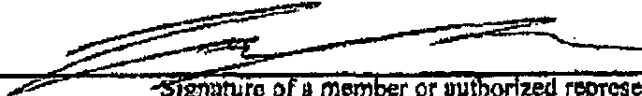
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Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 09-17, 2013.

X



Signature of a member or authorized representative of a member

Giuseppe Benedetto

Typed or printed name of signer

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