

46000031921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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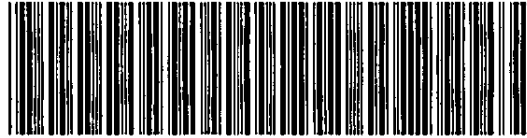
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2317 Lee ST Hollywood 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:

Jimmy Masarwa

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

16919 N.Bay RD Building 2 Apt.108

\_\_\_\_\_  
Address

Sunny Isles Beach/FL 33160

\_\_\_\_\_  
City/State and Zip Code

jimmy@aef-usa.com

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

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16 MAR 21 PM 5:04

For further information concerning this matter, please call:

Jimmy Masarwa

917

714-6699

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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

2317 LEE ST HOLLYWOOD 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 2/15/2016 and assigned  
Florida document number L16000031921.

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 contain 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)**

Jimmy Masarwa

16919 N.Bay RD Building 2 Apt.108

Sunny Isles Beach, FL 33160

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

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

16919 N.Bay RD Building 2 Apt.108

Sunny Isles Beach, FL 33160

**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:

Jimmy Masarwa

New Registered Office Address:

16919 N.Bay RD Building#2 Apt.108

*Enter Florida street address*

Sunny Isles Beach

Florida 33160

*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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Rame Massarwe		<input type="checkbox"/> Add
		129 NW 4th Ave Dania, FL 33004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jimmy Masarwa	16919 N.Bay RD Building#2 Apt. 108	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach FL, 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
10 MAR 21 PM 5:04

16 MAR 21 PM 5:00

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 MAR 21 PM 5:01

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 03/17/2016

Signature of a member or authorized representative of a member

OWNER, JIMMY MASARWA

Typed or printed name of signee