



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000144145 3)))



H160001441453ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

2016 JUN 15 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN 15 AM 8:21

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address:

John Yezmen

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1921 NW 31 STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RUSH

112001

*Please file
in the day that
was fax 6/13/16*

*Need confirmation today
thanks*

Electronic Filing Menu

Corporate Filing Menu

Help

*see fax
6/13/16*

JUN 16 2016

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

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1921 NW 31 STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

112001

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 15 AM 8:21

Electronic Filing Menu

Corporate Filing Menu

Help

http://file.unbiz.org/scripts/flcovr.exe

6/13/2016

2016 JUN 15 AM 10:53
TALLAHASSEE, FLORIDA

TRANSMISSION VERIFICATION REPORT

TIME : 06/13/2016 15:18
NAME : CORP USA
FAX : 3056339696
TEL : 3056343694
SERIAL : EROE70612820

06/13 15:16
15505176383
00:02:29
OK
STANDARD
EOM

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

5

H 1600014145

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1921 NW 31, STREET, 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:

Manuel A. Ramirez, Esq.

Name of Person

Castro & Ramirez, LLC

Firm/Company

1805 Ponce de Leon Boulevard, Suite 500

Address

Coral Gables, Florida 33134

City/State and Zip Code

mramirez2@castroramirez.com

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

For further information concerning this matter, please call:

Manuel A. Ramirez, Esq.

305

372-2800

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

16 JUN 15 AM 8:21

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1921 NW 31 STREET, 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 October 3, 2014 and assigned
Florida document number L14000155331.

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)

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

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 603, 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 15 AM 8:22

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	Fausto Capital, LLC	1180 NW 8 St., Miami, FL 33136	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 JUN 15 AM 8:21

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

Article V of the Articles of Organization is hereby amended to read that the Company is a Manager
managed Company.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 15 AM 8:21

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June 9 2016



Signature of a member or authorized representative of a member

Manuel A. Ramirez, Esq.

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00