## 112000105932

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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12/21/16--01024--002 \*\*30.00

ANR CEC 21 A & OC SECRETARY OF STATE

> S Warren DEC 22 2016

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

ਾSUBJECT:	500 SURF RD LLC		
	Name of Lin	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	USHER BRYN		
		Name of Person	
	LAW OFFICE O	F USHER BRYN Firm/Company	
	18851 NE 29 AVE	NUE, SUITE 1010 Address	
	AVENTURA, FL	3180 City/State and Zip Code	
	ZVI2300@GMAIL.C	OM	
	E-mail address: (	to be used for future annual report not	fication)
For further informati	on concerning this matter, please c	all:	
USHER_BRY	N	at (305) 937-130	08
Na	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check t	or the following amount:		
□ \$25.00 Filing Fe	\$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)
	AILING ADDRESS:	STREET/COUR	
Di	gistration Section vision of Corporations	Registration Section Division of Corporation	
	D. Box 6327 Ilahassee, FL 32314	Clifton Building 2661 Executive Co	enter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appe	ars on our records.)	
(A Florida Lin	nited Liability Company	)	
The Articles of Organization for this Limited Liability Com	pany were filed on _	08/16/2002	and assigned
Florida document number <u>L12000105932</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office address  Name of New Registered Agent:	s here:		
New Registered Office Address:			
New Registered Office Addiess.	Enter Fi	orida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent and I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this plete performance of t as provided for in ffice address, I her	of my duties, and I am for Chapter 605, F.S. Or, we by confirm that the lim	imiliar with and if this document is ited tability
If	Changing Registered	Agent, <u>Signature of New Res</u>	<b></b>
Pa	age 1 of 3	LORI	

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>	Name	Address	Type of Action
MGR	USHER BRYN	18851 NE 29 AVENUE SUITE 1010	🗆 Add
-		AVENTURA, FL33180	Remove
•			Change
MGR	ZVI SHECHTER	530 OLEANDER DRIVE	K Add
		HALLANDALE BEACH, FL 33009	Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
		in- in- in- in-	Remove
		ASSET O	_ Change
		FORID	Add Remove
			Change

ive date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the date inserted in this block does not meet the applicable statutory filing requirements.	
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If the date inserted in this block does not meet the applicable statutory filing requirement	
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If the date inserted in this block does not meet the applicable statutory filing requirement	_ (optional)
	lays after filing.) Pursuant to 605.0 ents. this date will not be listed
ent's effective date on the Department of State's records.	,
cord specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier
90th day after the record is filed.	
DECEMBER 10 0016	20 E
DECEMBER 19, 2016	58 8 7
	22 3
Signature of a member of authorized representative of a member	
	202

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Filing Fee: \$25.00