

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : LAMONT, NEIMAN, INTERIAN & BELLET, P.A.  
Account Number : I20000000051  
Phone : (305) 530-9400  
Fax Number : (305) 530-9409

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
135TH STREET APARTMENTS, LLC

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Electronic Filing Menu

Corporate Filing Menu

S. HAWKES  
JAN 13 2010  
EXAMINER

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: 135TH STREET APARTMENTS, 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:

Ellen Beth Bellet, Esq.

Name of Person

Lamont Neiman Interian & Bellet, P.A.

Firm/Company

2 South Biscayne Blvd., Suite 3550

Address

Miami, FL 33131-1809

City/State and Zip Code

BHRiceAdmin@earthlink.net

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

For further information concerning this matter, please call:

Ellen Beth Bellet, Esq.

Name of Person

at ( 305 ) 530-9400

Area Code &amp; 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 &  
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(additional copy is enclosed)☒ \$60.00 Filing Fee,  
Certificate of Status &  
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(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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF****135TH STREET APARTMENTS, 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 November 9, 2000 and assigned  
Florida document number L00000013882

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 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: B.H. Rice, Inc.

New Registered Office Address: 2860 NW 135th Street, Suite 118

Enter Florida street address

Opa Locka, Florida 33054

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 608, 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.*

*(Signature of New Registered Agent)*  
It Changing Registered Agent, Signature of New Registered Agent

Dave K. Rice, President/Pamela Rice Naedele,  
Page 1 of 2 Secretary & Treasurer

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	B.H. Rice, Inc.	2860 NW 135th Street Suite 118 Opa Locka, FL 33054	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dave K. Rice	2860 NW 135th Street Suite 118 Opa Locka, FL 33054	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Pamela Rice Naedele	2860 NW 135th Street Suite 118 Opa Locka, FL 33054	<input checked="" 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

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

Dated \_\_\_\_\_

*Pamela Rice Naedele*

Signature of a member or authorized representative of a member

Pamela Rice Naedele, Managing Member

Typed or printed name of signer

FILED  
NO JAN 12 2010  
STATE OF FLORIDA  
TALLAHASSEE