L010000006872

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Pusiners Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:
4.000

Office Use Only



900209954879

07/14/11--01023--001 **25.00

11 JUL 14 AM II: O4
SECRETARY OF STATE

J. BRYAN

JUL 1 5 2011

EXAMINER

COVER LETTER

✓¹O; Registration Division of	n Section Corporations		
SUBJECT:	Hallandale	Commons, L.L.C.	
	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corro	espondence concerning this matte	r to the following:	
		Cristina De Oliveira	
		Name of Person	CRE I
	Law Offic	ce of Cristina De Oliveira, P	A. SEE
	****	Firm/Company	TILL MILLOG
	2332 G	aliano Street, Second Floor	THE STATE OF THE S
		Address	
	Cor	al Cables Elerida 33134	ng.ye
		al Gables, Florida 33134 City/State and Zip Code	
	cd	eoliveira@lawcdo.com to be used for future annual report notif	
For further information	E-mail address: on concerning this matter, please		ication)
			404 4000
	istina De Oliveira	at (305) Area Code & Daytim	461-1660 e Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	ILING ADDRESS:	STREET/COURI	
Registration Section Division of Corporations		Registration Sectio Division of Corpor	
P.O. Box 6327		Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Halla	andale Commons, L.L.C	S	
(<u>Name of the Limited L</u> (A F	iability Company as it now appear lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lial	,		and assigned
Florida document numberL0100068	72 _.		
This amendment is submitted to amend the follow A. If amending name, enter the new name of t	ving:	r <u>e</u> :	SECRETARSE SECRETARSE
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		* ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo) B. If amending the registered agent and/or registered agent and/or the new registered office.	ox) registered office address on o	our records, <u>enter</u>	
Name of New Registered Agent:	et address nere.	·	
New Registered Office Address: Enter Flor			lress
	, Florida		
	City	, 2 1011000	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Schigiel Enterprises Ltd	3200 NW 77th Ct Miami, FL 33122	Add ✓ Remove
MGR_	Leo Schigiel	3200 NW 77th Ct Miami, Fl. 33122	✓ Add ☐ Remove
			
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if neces	sary.)
,			SECRE
_			TARY OF
Dated	June 22 , ,	2011 .	AM II: 04 OF STATE OF LORIDA
	Signature of a mem	ber or authorized representative of a member Leo Schigiel	<u> </u>
	Туг	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00