

FROM

Division of Corporations

(WED) SEP 16 2015 14:35/ST. 14:34/No. 9304918905 P 1

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**LO2 000000186**

**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.**

(((H15000223195 3)))



H150002231953ABC

**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) 617-6383

From:

Account Name : FEINBERG AND MAIDENBAUM  
Account Number : I20070000015  
Phone : (954) 962-8889  
Fax Number : (954) 966-6259

**\*\*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  
NORTH KING APARTMENTS, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

4 Total

RECEIVED

15 SEP 16 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 17 2015

J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

FROM

(WED) SEP 16 2015 14:35/ST. 14:34/No. 9304918905 P 2

((H15000223195 3)))

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

North King Apartments, L.L.C.

(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 January 3, 2002 and assigned  
Florida document number L02000000186.

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 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**

((H15000223195 3)))

FROM

(WED) SEP 16 2015 14:35/ST. 14:34/No. 9304918905 P 3

((H15000223195 3)))

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>
AMBR	Shlomo Chelminsky	13315 NE 6th Ave. Office	<input checked="" type="checkbox"/> Add
		North Miami, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Yakov Cohen	13315 NE 6th Ave. Office	<input checked="" type="checkbox"/> Add
		North Miami, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cheryl Cohen	13315 NE 6th Ave. Office	<input checked="" type="checkbox"/> Add
		North Miami, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Shlomo Chelminsky	13315 NE 6th Ave. Office	<input type="checkbox"/> Add
		North Miami, FL 33161	<input checked="" 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

SEP 16 2015  
STATE OF FLORIDA  
TALLAHASSEE  
AM 8:4

((H15000223195 3)))

(WED) SEP 16 2015 14:35/ST. 14:34/No. 8304818905 P 4

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

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

2015 SEP 16 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Figure 6

The figure consists of four vertically stacked cross-sectional diagrams of a pipe, illustrating the progression of erosion. Each diagram is labeled with a number from 1 to 4. Diagram 1 shows a pipe with a small, circular hole in its center. Diagram 2 shows a larger hole, with some material eroded around the edges. Diagram 3 shows a significant portion of the pipe wall eroded, leaving a large, irregular opening. Diagram 4 shows the pipe almost completely severed, with only a thin rim remaining.

((H15000223195 3)))