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SECRETARY OF STATE

T. CLINE

JUN 20 2011

EXAMINER

COVER LETTER

Division of Corp	porations				
SUBJECT:	Midd	llecrest, LLC			
		ited Liability Company	·		
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspor	ndence concerning this matte	r to the following:			
•		.			
		Sean Posner			
		Name of Person		•	
		M:dd: 110			
	Middlecrest, LLC				
		Firm/Company			
	10800 B	iscayne Boulevard, Su	ite 350		
	Address				
				SEC SEC	
Miami, FL 33161			圣浴出	ا الده	
		City/State and Zip Code		2011 JUN 17 SECRETARY ALL AHASSE	15000s. 5-2 dette
	amo	ruzzi@platinumadv.co	om	7 338	E ZERES
		•	nt notification)	F S	parcy Divers
For further information co	oncerning this matter, please	call:		유물 경	Ž.,,,,,
Aure	lia A Moruzzi	at (305)	8931110	40% 31% 6.4	
Name of			Daytime Telephone Number	<u> </u>	
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	closed) Certified	ite of Status &	d)

MAILING ADDRESS:

` TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M	iddiecrest, LLC			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appea a Limited Liability Company)	irs on our records.)		
(1110112	a Dimited Diability Company)			
The Articles of Organization for this Limited Liability	Company were filed on	03/08/2002	and assigned	
Florida document number L0200005889	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	r <u>e</u> :		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		.,_, ,	-1	
(Principal office address MUST BE A STREET ADI	DRESS)			
			是的量型	
			SSE SSE	
Enter new mailing address, if applicable:			TO TO	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter tl</u>	ne name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Sean Posner, Co-Trustee	10800 Biscayne Boulevard, Suite 350 Miami, FL 33161	✓ Add ☐ Remove
MGRM	Jarrett Posner, Co-Trustee	10800 Biscayne Boulevard, Suite 350 Miami, FL 33161	Add Remove
			Add Remove
			Add Remove
	· 		Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	THE STATE OF STATE
			TE - L
 Dated	TUNE 07 20	//	
Dated	Su	Don	
	Signature of a membe	r or authorized representative of a member	
	Time	Sean Posner	
	Турес	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00