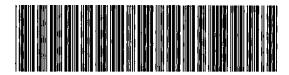
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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MAY 0 4 2017

Y SULKER



May 1, 2017

LYNDA V HARRIS 14411 COMMERCE WAY MIAMI, FL 33016

SUBJECT: 2001 LLC

Ref. Number: L0300000690

We have received your document for 2001 LLC and your check(s) totaling \$50.00. However, the document has not been filed and is being retained in this office for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 317A00008388



VIA UPS DELIVERY

April 28, 2017

Division of Corporations
Department of State
c/o Tanya Henderson
2661 Executive Center Cir.
Tallahassee, FL 32301

Re: Reinstatement of 2001 LLC -L03000000690

Property Address: 2001 N.E. 167 St., Miami, FL

Dear Tanya,

Please be advised that I have filed for the dissolution of 2001 Florida LLC, so that the name can be made available after the reinstatement and amendment of and for the above referenced LLC. I will not revoke the dissolution of 2001 Florida LLC, L12000031423.

Thank you for all of your assistance in this matter.

Should you have any questions or concerns, please do not hesitate to contact our office.

Lynda V. Harris

COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:	2001 LĻC			
SUBJECT		Name of Limit	ed Liability Company	
The enclosed	l Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	ence concerning this matter to	o the following:	
		Lynda V. Harris		
			Name of Person	
		2001 LLC		
			Firm/Company	
		14411 Commerce Way		
•			Address	NI
-		Miami, FL 33016		
			City/State and Zip Code	
		lynda@lyndavharris.com		
		E-mail address: (to	be used for future annual report notification	ation)
For further in	nformation con	cerning this matter, please cal	1:	
			954 559-9816 at ()	
	Name of Po	erson	Area Code Daytime T	elephone Number
Enclosed is a	a check for the t	following amount:		
■ \$25.00 F	iling Fee	□ \$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)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2001 LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
he Articles of Organization for this Limited Liab		and assigned
orida document number L03000000690	·	·
nis amendment is submitted to amend the followi	ing:	
. If amending name, enter the new name of th	e limited liability company here:	
001 Florida LLC		
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicabl	e:	
• • •		
Principal office address MUST BE A STREET A	1 <i>DD</i>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		80.
. If amending the registered agent and/or	registered office address on our records,	enter the name of the ne
egistered agent and/or the new registered offic		<u>β</u> . ω ::
Name of New Registered Agent:		S. 5 T
. Tarito of the management of		69
New Registered Office Address:		4. F
	Enter Florida street address	
_	, Floric	
	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 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

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>	Address	Type of Action
MOR	Robert Hende	rson	Add
			Remove
			☐ Change
			Add
			Remove
-			☐ Change
• •			Add
-			□ Remove
			Change
			A A
			Remove
			□ Add
			Remove
			Change
			□ Add
		 	Remove
			Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00