

L03000021325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

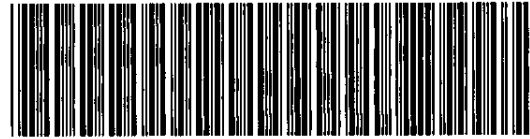
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600220561586

02/10/12--01034--009 \*\*25.00

FILED  
12 FEB 10 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan FEB 16 2012

**SALOMON, KANNER, DAMIAN & RODRIGUEZ, P.A.**

ATTORNEYS AT LAW  
2550 BRICKELL BAYVIEW CENTRE  
80 S.W. 8TH STREET  
MIAMI, FLORIDA 33130

JUAN E. RODRIGUEZ

TELEPHONE (305) 379-1681  
TELECOPY (305) 374-1719  
EMAIL: JRODRIGUEZ@SKDRILAW.COM

February 9, 2012

**Via Federal Express**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

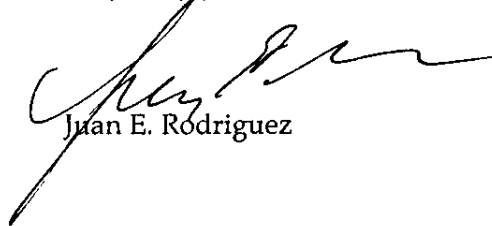
RE: 3801 NW 2<sup>ND</sup> AVE., LLC

Gentlemen:

Enclosed are the Cover Letter and Articles of Amendment to Articles of Organization of 3801 NW 2<sup>ND</sup> AVE., LLC, together with my firm's check in the amount of \$25.00 representing the filing fee.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Juan E. Rodriguez

JER/spp  
Encl.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3801 NW 2ND AVE., 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:

**Juan E. Rodriguez**  
Name of Person  
**Salomon, Kanner, Damian & Rodriguez, P.A.**  
Firm/Company  
**80 S.W. 8th Street, Suite 2550**  
Address  
**Miami, Florida 33130**  
City/State and Zip Code  
**jrodriguez@skdrlaw.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Juan E. Rodriguez** at ( **305** ) **379-1681**  
Name of Person Area Code & 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 & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

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

FILED  
12 FEB 10 AM 10: 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3801 NW 2ND AVE., 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 June 9, 2003 and assigned Florida document number L03000021325.

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: 3801 N.W. 2nd Avenue  
*(Principal office address MUST BE A STREET ADDRESS)* Miami, Florida 33127

Enter new mailing address, if applicable: 3801 N.W. 2nd Avenue  
*(Mailing address MAY BE A POST OFFICE BOX)* Miami, Florida 33127

**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*

\_\_\_\_\_, 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>   |
|--------------|-------------|----------------|---|
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
 12 FEB 10 AM 10:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated 2/08, 2012.

*Elizabeth Rosen*  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

**Elizabeth Rosen**  
 \_\_\_\_\_  
 Typed or printed name of signee