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AUG. 25 2010

EXAMINER



800184520058

08/23/10--01018--024 **25.00

10 AUG 23 PM 4: 10

Tower King Apartments, LLC 14500 NE 6th Ave, Office B North Miami, FL 33161 Tel. (305) 945-6667 Fax. (305) 945-6668



Memo

To:	Florida Department of State	From: Tower King Apartments, LLC
Fax:		Pages: 6 including cover and check
Tel:	(850) 245-6051	Date: 8/20/10
RE:		cc :

Enclosed please find the daytime telephone number on top.

COVER LETTER

то:	Registration Se Division of Cor				
SUBJE	СТ•	TOWER KING	APARTMENTS, L	L.C.	
SOBJE	c		ted Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
			ELI COHEN Name of Person		
			Name of Person		
		Towe	er King Apartments,	LLC	
			Firm/Company		
		13	3315 NE 6 Ave, Offic	ce	
			Address		
		Nor	th Mi <u>ami, Florida 33</u>	161	
			City/State and Zip Code		
		E-mail address: (1	elico@bellsouth.net to be used for future annual re	eport notification)	
For furt	her information of	concerning this matter, please c			
	E	LI COHEN	at (_305)	945-6	6667
		of Person	Area Code	& Daytime Teleph	none Number
Enclose	d is a check for t	he following amount:			
⊠ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is		[\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registrat Division Clifton B 2661 Exe	F/COURIER AD ion Section of Corporations uilding ccutive Center Ci iee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOWER KING APA	RTMENTS, L.L.C.	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number 153149649.	were filed on _03\04\0	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		0
		<u> </u>
Enter new mailing address, if applicable:	13315 NE 6 Ave, Office	
(Mailing address MAY BE A POST OFFICE BOX)	North Miami, FL 33161	
		Martin O
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	, 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 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

MGR = Ma MGRM = N	inager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Shlomo Chelminsky	13315 NE 6 Ave, Office North Miami, FL 33161	✓ Add Remove
MGR_	King City Management, INC	1001 North Miami Beach Blyd North Miami Beach, FL 33162	☐ Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	y.)
_			
Dated	lugust 20, 20	Marka in the	

Page 2 of 2

Filing Fee: \$25.00