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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2228 Park Avenue, 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:

Mitchell Rubinson

Name of Person

Integrated Equities

Firm/Company

3525 Flamingo Drive

Address

Miami Beach, FL 33140

City/State and Zip Code

Lusti23@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lustigman

Name of Person

at ( 305 )

299-0903

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

**2228 Park Avenue, LLC**

Page 1 of 2

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:

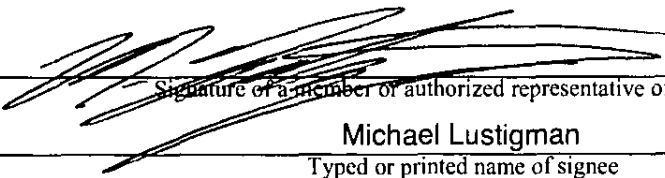
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Todd M. Glaser	P.O. Box 402249 Miami Beach, FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Integrated Equities, Inc	PO Box 190089 Miami Beach, FL 33119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	The L4 Group, Inc.	4027 194th Trail Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated January 14, 2011.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Michael Lustigman  
\_\_\_\_\_  
Typed or printed name of signee