

LD5000040505

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 28 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T VILLAGE 614, 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:

J. CLAUDIO Stivelman
Name of Person

SHEFAOR Development, LLC
Firm/Company

18851 NE 29 AVENUE, Suite 1011
Address

AVENTURA, FL 33180
City/State and Zip Code

JCS@SHEFAOR.COM
E-mail address: (to be used for future annual report notification)

FILED
10 MAY 27 PM 4:48
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

J. CLAUDIO Stivelman at (305) 935-5050
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

T- VILLAGE 614, 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 April 26, 2005 and assigned
Florida document number LO5000040505

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CLABR, LLC.

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:

(Principal office address MUST BE A STREET ADDRESS)

18851 NE 29 AVE

SUITE 1011

AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18851 NE 29 AVE

SUITE 1011

AVENTURA, FL 33180

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, E.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

Title	Name	Address	Type of Action
MGR	CSGB HOLDINGS, LLC	18851 NE 29 th AVE SUITE 1011 AVENTURA, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JACQUES @AUDIO STIVELMAN	18851 NE 29 th AVE SUITE 1011 AVENTURA, FL 33180	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
10 MAY 27 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 05-12, 2010

Signature of a member or authorized representative of a member
JACQUES @AUDIO STIVELMAN
Typed or printed name of signee