

L05000041025

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000109435 3)))



H130001094353ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1444 DREXEL, LC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
13 MAY 15 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAY 15 AM 8:29

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

MAY 16 2013

EXAMINER

(((H13000109435 3)))

COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: 1444 Drexel LC

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:

Ralph B. Bekkevold

Name of Person

Greenberg Traurig

Firm/Company

333 Avenue of the Americas

Address

Miami, Florida 33131

City/State and Zip Code

bekkevoldr@gtlaw.com

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

For further information concerning this matter, please call:

Gisela Musa

Name of Person

305 579-7753

at () 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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAY 15 AM 8:29

FILED

(((H13000109435 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1444 Draxel LC

~~(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 L05000041026

This amendment is submitted to amend the following:

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

1444 Draxel LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

c/o Jordache Enterprises1400 Broadway, 15th FloorNew York, NY 10018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Ralph B. Bekkevold, Esq.

New Registered Office Address:

C/O Greenberg Traurig, 333 Avenue of Americas, #4100

Enter Florida street address

Miami

City

Florida 33131

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

2013 MAY 15 AM 8:29
RECEIVED
TALLAHASSEE, FLORIDA

FILED

(((H13000109435 3)))

If attending 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
MGRM	Yaron D. Russeau	747 4th Street, Suite 200A	☐ Add
		Miami Beach, FL 33139	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

2013 MAY 15 AM 8:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

((H13000109435 3)))

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

Dated May 14 2013

Signature of a member or authorized representative of a member

Joe Nakash

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 MAY 15 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA