205000061888

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COVER LETTER

TO:

Registration Section
Division of Corporations

SURJECT

1590 Homestead, 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:

Gael Beriro, Esq.

Name of Person

Gael Beriro, P.A.

Firm/Company

205 Worth Avenue, Suite 307i

Address

Palm Beach, FL 33480

City/State and Zip Code

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

For further information concerning this matter, please call:

Gael Beriro, Esq.

561₈₃₅₋₄₆₁₁

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

1590 Homestead LLC			
(Name of the Limited I	iability Company as it now appears lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document numberL05000061888	bility Company were filed on June	e 22, 2005 and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	v," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:	L CARE TO TO	
(Principal office address MUST BE A STREET	ADDRESS)	NASS IN	
Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE B	<u>OX)</u>	OF STATE FLORIBA	
B. If amending the registered agent and/or registered agent and/or the new registered off		r records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:		The state of the s	
	Enter Florida street address		
	City	, Florida Zip Code	
	City	Zip Couc	

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 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>	Address	Type of Action
MGR	Bullets Way, Inc.	3900 NW 2nd Ave	Add
		Miami, FL 33127	Remove
MGR	Dooglasian, Inc.	3900 NW 2nd Ave	ASE CALE
		Miami, FL 33127	ASSEE, FLO
MGRM	Bullets Way, Inc.	3900 NW 2nd Ave	Add
		Miami, FL 33127	Remove
MGRM	Dooglasaian	3900 NW 2nd Ave	Add
		Miami, FL 33127	Remove
			Add
			Remove
			Add
			Remove

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

The purpose of these Articles of Amendment is to accurately reflect that Bullets Way, Inc., a Florida corporation, and Dooglasian, Inc., a Florida corporation, are the Managers of this Company, as opposed to the Managing Members of the Company.

 $_{Dated}\underline{A}pril$

2013

Signature of a member or authorized representative of a member

Michael Bromley, as President of Bullets Way, Inc., and Edmond Leidesdorf, as President of Dooglasian, Inc.

Typed or printed name of signee

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Filing Fee: \$25.00

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