

L05000089303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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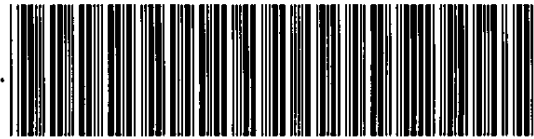
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
MAY -5 2009  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1429 North Venetian, 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:

Emma Hazzan  
(Name of Person)

1429 North Venetian, LLC  
(Firm/Company)

21115 NE 38th Avenue, Unit 71  
(Address)

Aventura, FL 33180  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Emma Hazzan at ( 305 ) 933-3175  
(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**

1429 North Venetian, 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 September 12, 2005 and assigned Florida document number L05000089303

This amendment is submitted to amend the following:

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

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:

21115 NE 38th Avenue, Unit 71

(Principal office address MUST BE A STREET ADDRESS)

Aventura, FL 33180

Enter new mailing address, if applicable:

21115 NE 38th Avenue, Unit 71

(Mailing address MAY BE A POST OFFICE BOX)

Aventura, FL 33180

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**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:

Emma Hazzan

New Registered Office Address:

21115 NE 38th Avenue, Unit 71

*(Enter Florida street address)*

Aventura

*(City)*

Florida 33180

*(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)

**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>
MGRM	DCA Management, LLC	16850 Collins Avenue Suite 105 Sunny Isles Beach, Florida 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/>
MGRM	Emma Hazzan	21115 NE 38th Avenue, Unit 71 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
			<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.)**

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

Dated April 28, 2009.

\_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Emma Hazzan  
 \_\_\_\_\_  
 Typed or printed name of signee

TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE  
 2009 MAY 1  
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