

L060000000266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

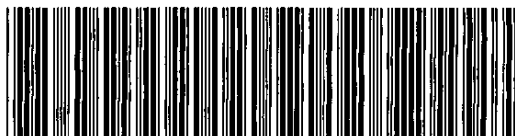
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300115257523

01/17/08--01035--008 **77.50

08 JAN 17 PM 2:19

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

J. BRYAN

JAN 18 2008

EXAMINER

LAW OFFICES OF
MANN & WOLF, LLP

55 NE 5TH AVENUE, SUITE 500
BOCA RATON, FL 33432

TEL: (561) 338-5060
BROWARD LINE: (954) 427-6200
FAX: (561) 395-4701
e-mail: rmwboca@aol.com

Andrew L. Mann, Esq.
Robert M. Wolf, Esq.
Board Certified in Taxation
LL.M. in Taxation
Admitted in Florida and New York

Sunrise Office:
4300 N. University Drive, Suite C-203
Sunrise, FL 33351
Tel: (954) 572-9944
Fax: (954) 572-6070

January 16, 2008

VIA FEDERAL EXPRESS
Registration Section
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 17 PM 2:19

RE: Rapaport Family Ltd. II
Rapaport Family Management, LLC

Dear Sir or Madame:

Enclosed please find amendments changing the names of the referenced entities, together with a check in the amount of 77.50 in total for the filing of both.

Please call me if you have any questions.

Sincerely,


Robert M. Wolf

RMW\c

F:\EST\RAPAPORT.R\L-DeptOfState.doc

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAPAPORT FAMILY MANAGEMENT, 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:

ROBERT M. WOLF, ESQ.
(Name of Person)

MANN & WOLF, LLP
(Firm/Company)

55 N.E. 5TH AVENUE STE. 500
(Address)

BOCA RATON FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Wolf at (561) 338-5060
(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**

RAPAPORT FAMILY MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 17 PM 2:19

The Articles of Organization for this Limited Liability Company were filed on JANUARY 3, 2006 and assigned

Florida document number L06000000266.

This amendment is submitted to amend the following:

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

LAKEVIEW ATLAS MANAGEMENT, LLC

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

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, 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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 17 PM 2:19

Dated JANUARY 14, 2008



Signature of a member or authorized representative of a member

ROBERT D. RAPAPORT, MEMBER MANAGER

Typed or printed name of signee