L06000001317

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11 SEP 20 AM 10: 4
SECRETARY OF STAT

N. Cuffgan SEP 2 1 2011

COVER LETTER

Division of Co			
SUBJECT:	Lojeta Rea	ley LCC ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing	
		_	
riease return all corresp	ondence concerning this matter	to the following:	
	Lon	Name of Person Realty LLC Firm/Company	
		Name of Person	
	Lojeta	Ruldy LLC	
		Firm/Company	
	3(3) N.	Octan Dová	
		Ocean Drug Address	
	11-11-11-	1 12 33219	
	1(8)	City/State and Zip Code	
	lont 0 lo	City/State and Zip Code Oleta. Com obe used for future annual report notification	(on)
For further information	concerning this matter, please co		
Ellen 1	Phase	914 927 - 64	:66
	of Person	at (914) 922 - 64 Area Code & Daytime Te	elephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	JNG ADDRESS:	STREET/COURIER	ADDRESS:
Regist	ration Section	Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 11 SEP 20 AM 10: 45

OF		11 ,	SEP 20 AM 10: 49
Lojeta Realty (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on	TALLA	HASSEE ELOATE
(A Florida Limited Lia	ibility Company)		
The Articles of Organization for this Limited Liability Company w	vere filed on 104	1006	and assigned
Florida document number L0600001317	-,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company,"	the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3501 N.	Ocean	Drive
(Principal office address MUST BE A STREET ADDRESS)	Hollywar	I, FL	33819
•			
Enter new mailing address, if applicable:	i)		
(Mailing address MAY BE A POST OFFICE BOX)		-	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our	records, <u>er</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida stree	et address
		, Floric	la
	City		la 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Robert Awerbach	3501 N. DLEM DAVE	Add Remove
garetry)	Monica Squier	386/ N. Ocean Drive Hallywas, Pl 33019	Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessa	ury.)
 			FILED 11 SEP 20 MID: SECRETARY OF STA
 Dated	,		FILED 11 SEP 20 M ID: 49 SECRETARY OF STATE FALLAHASSEE, FLORIDA

Page 2 of 2

Filing Fee: \$25.00