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## **COVER LETTER**

Of 12/21/08

**Division of Corporations** SUBJECT: 543 Midblock Investments 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 Jacobs** (Name of Person) 543 Midblock Investments LLC (Firm/Company) P.O. Box 800418 (Address) Aventura, FL 33280 (City/State and Zip Code) For further information concerning this matter, please call: at ( 305 ) 298-6283 Robert Jacobs (Name of Person) (Area Code & Daytime Telephone Number)

**□**\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

**□**\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

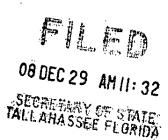
□\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



543 Midblock Investments 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 Li	iability Company	were filed on <u>03/27/20</u>	and assigned
Florida document number L06000031815	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	pility company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Company," tl	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		201 North Dixie High	way
(Principal office address MUST BE A STREE	T ADDRESS)		
		Hallendale Beach, FL	. 33009
Enter new mailing address, if applicable:		P.O. Box 800418	
(Mailing address MAY BE A POST OFFICE)	BOX)		
		Aventura, FL 33280	
B. If amending the registered agent and/or registered agent and/or the new registered of  Name of New Registered Agent:			ecords, enter the name of the new
New Registered Office Address: 201 North Dixie Highway			
<del>-</del>		(Enter F	lorida street address)
	Hallendale		, Florida <u>33009</u>
		(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> Name **Address Type of Action** MGR BAKKER, ROBERT W JACOBS, ROBERT MGR Remove r Add Remove Remove \_ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated December 23 Signature of a member or authorized representative of a member Robert Jacobs Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00