L06000060088

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 1 1 2014

T. BROWN

COVER LETTER

Division of Cor	porations		
SUBJECT: Hia	aleah 80, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michele B. Soft	ness, Esq.	<u>_</u>
		Name of Person	
	Jay Koenigsberg	J, P.A.	
		Firm/Company	
	1200 Brickell A	Avenue, Suite 1900	
		Address	
	Miami, Florida	33131	
		City/State and Zip Code	
	softness@irlaw.	.com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Michele B. Sof	ftness, Esq.	at (305) 373-32	232
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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
	3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.	* -	Certified Copy

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

ALLANIASSE OF STATE

Hialeah 80, 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 6/13/2006 Florida document number L06000060088 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the nev registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

' If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager & Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BUY2SELL, INC.	14100 Palmetto Frontage Road	Add
		Suite 200	XX Remove
		Miami Lakes, Florida 33016	
AMBR	Elias Tobchi	14125 N. W. 80 Avenue	X ⊠ Add
		Suite 204	Remove
		Miami Lakes, Florida 33016	
AMBR	Jacqueline Barreto	14125 N. W. 80 Avenue	X⊠ Add
		Suite 204	☐ Remove
		Miami Lakes, Florida 33016	
			Add
			□ Remove
			
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			□ Remove
			Add
			□ Remove

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Page 3 of 3

Filing Fee: \$25.00