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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Reg Div	istration Sec ision of Corp	ction porations	*	4
SUBJI	ECT:	21 - Asse	et Management Holding	ı, LLC	
0000			Name of Lim	ited Liability Company	
The en	closed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return	all correspor	ndence concerning this matter	to the following:	
				Name of Person	
			21 - Asset Managem	nent Holding, LLC	
			-	Firm/Company	
			2100 Ponce de Leor	n Blvd, #720	
				Address	
			Coral Gables, FL 33	134	
				City/State and Zip Code	
			E-mail address: (to be used for future annual report notifi	cation)
For fur	rther in	nformation co	oncerning this matter, please ca	all:	
		Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a	check for th	e following amount:		
□ \$2	5.00 F	iling 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

21 - ASSET MANAGEMENT HOLDING, LLC

(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited 1 Florida document number	Liability Company	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:	
		NA.	
The new name must be distinguishable and end with the	e words "Limited Liab		the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2100 Ponce de Leon Blvd	
Principal office address MUST BE A STREA	ET ADDRESS)	Suite 720	
THE PART OF THE MADE ASTREET ADDRESS		Coral Gables, FL 33134	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		2100 Ponce de Leon Blvd, #720 Suite 720	
		Coral Gables, FL 33134	
3. If amending the registered agent and egistered agent and/or the new registered of	l/or registered or ffice address her	ffice address on our records, <u>e</u> :	iter the name of the
Name of New Registered Agent:			
New Registered Office Address:	2100 Ponce de Leon Blvd, #720		- 10 C C C C C C C C C C C C C C C C C C
		Enter Florida street address	<u> </u>
	Coral Gable	es , Florid	a 33134
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
			Add
			□ Remove
			Add
			☐ Remove
			Add
			□ Remove
			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
			Remove
			
			Add
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional she Address of MGR shall change to:	eets, if necessary.)
JAMES FRATANGELO	
2100 Ponce de Leon Blvd, #720	
Coral Gables, FL 33134	<u></u>
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more to the date this document is filed by the Florida Department of State) June 30, 2014 Dated Signature of a member or authorized representative of a member of a me	
Typed or printed name of signee	nu-

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Filing Fee: \$25.00