# L070000 55289

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(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration Division of C					
WESTON	N OFFICE, LLC				
30DILC1.	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Name of Person			
	THE ALHADEFF LAW C	GROUP, P.L			
		Firm/Company			
11900 BISCAYNE BLVD #289					
		Address	<del></del>		
	MIAMI, FL 33181				
		City/State and Zip Code	<del>.</del>		
	MARK@ALHADEFFLAW				
	E-mail address: (	to be used for future annual report notif	ication)		
For further information	concerning this matter, please co	all:			
NATASHA BARRIENTOS		at () 618-9703 Area Code Daytime			
Name	e 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

WESTON OFFICE, 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 05/24/2007 and assigned Florida document number L07000055289 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 contain 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 new 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.

Ctty

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VELOCCI, VANESSA	349 CENTER ISLAND	□ Adđ
		GOLDEN BEACH, FL 33160	■ Remove
			☐ Change
MGR	VELOCCI, JAIME	1480 NW 94TH AVE	
		PLANTATION, FL 33322	■ Remove
			Change
MGR	VELOCCI, RALPH	349 CENTER ISLAND	
		PLANTATION, FL 33322	□ Remove
			■ Change
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an effective date is listed, the date multote: If the date inserted in this b	st be specific and cannot be p	orior to date of filing or plicable statutory fil	more than 90 days after fili	ing.) Pursuant to 605.	0207 (3 d as th
ocument's effective date on the E	epartment of State's reco	rds.			
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