Electronic Filing Cover Sheet 4

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000169060 3)))



H120001690803ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

fax Number

: (850)617-6383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LERNER 320 NW 24TH ST., LLC

0
0
03
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY **EXAMINER**

6/26/29LPN 27 2012

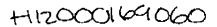
https://efile.sunbiz.org/scripts/efilcovr.exe

H1200016406U.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LERNER 320 N	IW 24TH STREET	<u>,LLC</u>		
(Name of the Umited Liability (A Florida L.	Company as it now appear muted Liability Company)	S on our records.)		
The Articles of Organization for this Limited Liability Co. Florida document number L07000055668	ompany were filed on	MAY 24, 2007	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit				
	NW 24TH STREET, L			
The new name must be distinguishable and sud with the word "L.L.C."	is "Limited Liability Compa	any," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:	- A - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 -		33° 24 24 24 24 24 24 24 24 24 24 24 24 24	
(Principal office address MUST BE A STREET ADDR.	ESS)			
			JUN 26	
		·	933 54 9	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	-	// 1// // // // // // // // // // // //	02 A	
Maining Housess MAT BL A FOST OFFICE BON			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter th</u>	e name of the new	
New Registered Office Address:				
	Ex	Enter Florida street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent of the provisions of all statutes relative to the proper an accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	d complete performance ent as provided for in C	of my duties, and I an hapter 608. F.S. Or, ij	n familiar with and this document is	
	If Changing Registered Age	ent, Signature of New Reci	stered Agent	
	Page 1 of 2			

H12000/69060.



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:

<u> Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			Add Remove
Marie Styles			Add Remove
	_		Add Remove
			Add Remove
			TALE AHAS
D. If amen	ding : ny other information, enter chan	age(s) here: (Auach additional sheets, if necessary.)	26 AN 8: 54 26 AN 8: 54 SEC. FLORIDA
			_ _ _
Dated	JUNE 2	2012	_
	Signature of a memb	er or authorized representative of a member ATRICE ABRAMS d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

<u>.</u>