

207000092050

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FONTAINEBLEAU 1007, 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:

SERGIO L. MENDEZ

Name of Person

Firm/Company

7400 SW 57TH COURT, SUITE 202

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

SERGIO@MENDEZANDMENDEZLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGIO L. MENDEZ

at (305) 667-0112

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FONTAINEBLEAU 1007, 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 09/07/2007 and assigned Florida document number L07000092050.

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:**

14 FARREY LANE

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI BEACH, FL 33139

**Enter new mailing address, if applicable:**

14 FARREY LANE

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI BEACH, FL 33139

**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:**

SERGIO L. MENDEZ

**New Registered Office Address:**

7400 S.W. 57TH COURT, SUITE 202

*Enter Florida street address*

SOUTH MIAMI

*City*

, Florida

33143

*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.*

*[Signature]*  
**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	IRA S BARTON REVOCABLE	1688 Meridian Avenue, Suite 418	<input type="checkbox"/> Add
	TRUST		
	c/o The Bernstein Law Firm	Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
MGRM	RABBI SHMUEL MANN, AS	14 FARREY LANE	<input checked="" type="checkbox"/> Add
	TRUSTEE		
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 SECRETARY OF STATE  
 ALABAMA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 2, 2015

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
MICHAEL I BERNSTEIN  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
15 JAN 16 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA