

LD7000117299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

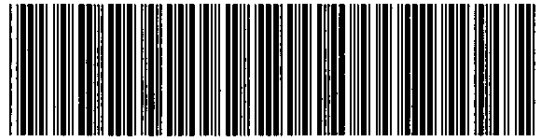
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

APR 20 2009

EXAMINER

# GUTTENMACHER & BOHATCH, P.A.

ATTORNEYS AT LAW

JOHN S. BOHATCH  
LUCELLY DUEÑAS  
EDWARD P. GUTTENMACHER  
TIMOTHY L. SMITH\*

PRACTICE LIMITED TO  
PROBATE, ESTATE PLANNING,  
BUSINESS PLANNING & TAXATION

\*LL.M. TAXATION

WEALTH PLANNING &  
TRANSACTIONAL ALLIANCE  
WITH ADAMS GALLINAR, P.A.

7301 SOUTHWEST 57TH COURT  
SUITE 560  
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GULFVIEW POINTE  
2647 GULFVIEW DRIVE  
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521  
TELEFAX (305) 292-4016

PLEASE REPLY TO:  
SOUTH MIAMI

April 14, 2009

VIA U.S. REGULAR MAIL

Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

RE: 1075 NE 79<sup>th</sup> STREET, LLC

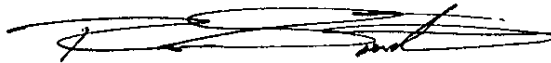
To Whom It May Concern:

Enclosed please find the Articles of Amendment to Articles of Organization form along with a check in the amount of \$25.00 representing the filing fee. Once the amendments are completed kindly forward a letter of acknowledgment in the enclosed self-addressed stamped envelope provided for your convenience.

Please feel free to contact me should you have any questions.

Sincerely,

GUTTENMACHER & BOHATCH, P.A.



TIMOTHY L. SMITH

TLS/jdf  
Encl.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1075 NE 79TH STREET, 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:

Timothy L. Smith, Esq.

(Name of Person)

Guttenmacher & Bohatch, P.A.

(Firm/Company)

7301 SW 57th Court, Suite 560

(Address)

South Miami, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy L. Smith, Esq.

(Name of Person)

at ( 305 ) 666-1040

(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
09 APR 17 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1075 NE 79TH STREET, 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 11/21/2007 and assigned  
Florida document number L07000117299.

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:**

1784 West Ave. Bay 4

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

Miami Beach, FL 33139

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

1784 West Ave. Bay 4

**(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:

Nicolas Brocherie

New Registered Office Address:

1784 West Avenue Bay 4

*(Enter Florida street address)*

Miami Beach

*(City)*

, Florida 33139

*(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 608, 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)

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:

MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>                                    | <u>Type of Action</u>  |
|--------------|------------------|---|--|
| MGR          | Charles Serfatty | 4770 BISCAYNE BLVD., SUITE 1420<br>MIAMI FL 33137 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | C. Wilson, LLC   | 1784 West Avenue Bay 4<br>Miami Beach, FL 33139   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated

April 13, 2009

Signature of a member or authorized representative of a member

Nicolas Brocherie

Typed or printed name of signee