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APR 2.0 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.

730I SOUTHWEST 57TH COURT SUITE 560 SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040 TELEFAX (305) 666-1020 E-MAIL Law@GBTaxLaw.com KEY WEST OFFICE

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: <u>859-63 NE 79th STREET, LLC</u>

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.

COVER LETTER

	ation Section n of Corporations		
SUBJECT: 85	9-63 NE 79TH STREET, LLC		20 % 1
		nited Liability Company)	
The enclosed Ar	ticles of Amendment and fee(s) are su	bmitted for filing.	ASSECTION AND AND AND AND AND AND AND AND AND AN
Please return all	correspondence concerning this matte	r to the following:	OS APRITO PH 3: 27 SECRETARY OF STATE PHONE TALLAHASSEE, FLORIOR
	Timothy L. Smith, Esq.		OF THE STATE OF TH
•		(Name of Person)	····
	Guttenmacher & Bohato	ch, P.A.	
		(Firm/Company)	
	7301 SW 57th Court, St	uite 560	
		(Address)	
	South Miami, FL 33143		
		(City/State and Zip Code)	
For further infor	mation concerning this matter, please	call:	•
Timothy L. Smi	th, Esq.	at (305) 666-1040	
	(Name of Person)	(Area Code & Daytime 1	elephone Number)
Enclosed is a che	eck 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**



859-63 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 L	iability Company	were filed on 02/05/2008	and assigned	
Florida document number <u>L08000012631</u>	 , •			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," the des	ignation "LLC" or the abbreviation	
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/registered agent and/or the new registered or			s, enter the name of the new	
Name of New Registered Agent:	Nicolas Brocherie			
New Registered Office Address:	1784 West Avenue Bay 4			
		a street address)		
	Miami Beach	, F	Torida <u>33139</u>	
		(City)	(Zip Code)	
New Pagistered Agent's Signature if changing	Degistered Agent.			

New Registered Agent's Signature, it 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 **Type of Action** <u>Title</u> Address Name 1 MGR **Charles Serfatty** 4770 BISCAYNE BLVD. SUITE 1420 ■ Add Remove MIAMI FL 33137 C. Wilson, LLC MGR 1784 West Avenue Bay 4 **₽** Add Miami Beach, FL 33139 ■ Remove r Add Remove Remove Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member BROCKERIE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00