

Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RICARDO MARTINEZ-CID, P.A.
Account Number : 076640001666
Phone : (305) 632-1950
Fax Number : (305) 854-9788

16 MAR 16 AM 9:30

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TALLAHASSEE, FLORIDA

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

Email Address: gilg@atlanticbb.net

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANYNAMEIWANT LIMITED LIABILITY COMPANY**

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$60.00

MAR 17 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANYNAMEIWANT LIMITED LIABILITY COMPANY
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:

RICARDO MARTINEZ-CID, ESQ.

Name of Person

RICARDO MARTINEZ-CID P.A.

Firm/Company

1699 Coral Way, Suite 510

Address

Miami, Florida 33145

City/State and Zip Code

gilg@atlanticbb.net

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

For further information concerning this matter, please call:

RICARDO MARTINEZ-CID

305 632 1950
at ()

Name 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

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TALLAHASSEE, FLORIDA
16 MAR 16 AM 9:31

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANYNAMEIWANT LIMITED LIABILITY COMPANY

(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 March 4, 2008 and assigned
Florida document number 1.08000022716

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 "LLC"

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

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
M	DEDE COHEN	1555 N. Treasure Drive, Apt 512	<input checked="" type="checkbox"/> Add
		North Bay Village, Florida 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
M	CHRISTEL LOUISE ANDREE CO	1555 N. Treasure Drive, Apt 512	<input checked="" type="checkbox"/> Add
		North Bay Village, Florida 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
M	GIL GUADALPI	1555 N. Treasure Drive, Apt 512	<input checked="" type="checkbox"/> Add
		North Bay Village, Florida 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The following Article is added to the Articles of Organization:

ARTICLE XIII - Number of directors, and requirements to further amend and transfer real estate:

The Limited Liability Company shall be managed by three (3) managers and amendments to this Articles of Organization and the transfer of any interest in real estate owned by the Limited Liability Company, other than a lease, not exceeding a term of two (2) years will require the joint signatures of two (2) managers.

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16 MAR 16 AM 9:31

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 16

2016

Signature of a member or authorized representative of a member

DEDE COHEN, Manager and Attorney-in-Fact for all Members

Typed or printed name of signee