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EXAMINER



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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	BK FIRS	T STREET, LLC			
3000E1.		ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	JONA	THAN D. BELOFF, ESQ.			
		Name of Person			
		Firm/Company		===	
1691 MICHIGAN AVENUE, SUITE 320)	ZÎIZ AUG D3 SECRETARY ALLAHASSE	***
		Address		HE IS	7
	MIAMI BEACH, FLORIDA 33139			-	
City/State and Zip Code			Par S	2	
		BELOFFPARKER.COM to be used for future annual report notificat	ion	PN 4 07	
	·	·	ion)	ずっ	
For further information co	oncerning this matter, please of	call:			
JONATHA	N D.BELOFF, ESQ.	at (305) 67	73-1101		
Name o	f Person	Area Code & Daytime T	elephone Number	r	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	osed)
	ING ADDRESS: ation Section	STREET/COURIER Registration Section	R ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BK FIRST	STREET, LLC	1-)	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appea ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on	MAY 14, 2008	and assigned
Fiorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	- Fee	
		Ē	SEC 28
		A Hi A	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
	 	# C	
			07
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on here:	our records, enter t	he name of the nev
Togetore agone and of the new registered office and res			
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addi	ress
	,,	, 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 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 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>	Name	Address	Type of Action
MGRM	BERNARD KLEPACH	555 NE 185 Street Suite 201 Miami, Florida 33179	Add Remove
MGR_	BERNARD KLEPACH	555 NE 185 Street Suite 201 Miami, Florida 33179	Add Remove
MGR	JULIETTE KLEPACH	555 NE 185 Street Suite 201 Miami, Florida 33179	Add Remove
			Add Remove
			Add
		A Some	Add Remove
	ing any other information, enter change fective May 21, 2012, this is a Man	ager Managed Company	
_			
Dated	August_10 , 20	12. 1 RDD	
	Signature of a member	or authorized representative of a member	
		than D. Beloff, Esq. or printed name of signee	
	i yped	or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00