

LOG000086189

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(Address)

(Address)

(City/State/Zip/Phone #)

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B. KOHR

JAN 31 2011

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 27 AM 8:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISAM REALTY, 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:

MOSHE STERN

Name of Person

ISAM REALTY, LLC

Firm/Company

5499 N. FEDERAL HWY, SUITE B

Address

BOCA RATON, FLORIDA

City/State and Zip Code

SSARRELL@GMAIL.COM

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

For further information concerning this matter, please call:

STEVEN SARRELL

Name of Person

at (954)

588-9332

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 27 AM 8:58

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

ISAM REALTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 27 AM 8:58

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 10, 2008 and assigned Florida document number L08000086189.

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:

(Principal office address MUST BE A STREET ADDRESS)

5499 N. FEDERAL HWY, SUITE B

BOCA RATON, FLORIDA 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5499 N. FEDERAL HWY, SUITE B

BOCA RATON, FLORIDA 33487

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:

5499 N. FEDERAL HWY, SUITE B

Enter Florida street address

BOCA RATON, FLORIDA

City

, Florida

33487

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:

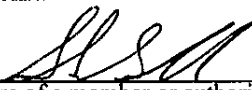
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOSHE STERN	1446 NW 2ND AVE 101 BOCA RATON, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MOSHE STERN	5499 N. FEDERAL HWY, SUITE B BOCA RATON, FLORIDA 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SARRELL FAMILY PARTN	1446 NW 2ND AVE 101 BOCA RATON, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SARRELL FAMILY PARTN	5499 N. FEDERAL HWY, SUITE B BOCA RATON, FLORIDA 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JANUARY 25, 2011



Signature of a member or authorized representative of a member

Steven Sarrell as POA for Sarrell Family Partnership

Typed or printed name of signee