

L09000002656

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 : SERBER & ASSOCIATES, P.A.
Account Number : I20000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 536 WASHINGTON LLC

Certificate of Status	0
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
16 MAY 11 AM 11:27

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2016 MAY 11 AM 10:07
TALLAHASSEE, FLORIDA

MAY 12 2016

Y SULKER

COVER LETTER

To: Registration Section
Division of Corporations

Subject: **536 WASHINGTON, LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and Fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

E-mail address (to be used for future annual reports and fees)

For more information or to complete this matter, please call:

Yolanda L. Fornaris

Name of Person

305 932-6262

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 6307
Tallahassee, FL 32314

STREET/COURT ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2600 Executive Center Circle
Tallahassee, FL 32301

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

536 WASHINGTON, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/09/2009 and assigned

Florida document number LR0000002056

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 office 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:

(Only Florida legal entities)

Florida

City

Zip Code

New Registered Agent's Signature (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.

Name of New Registered Agent, Signature of New Registered Agent

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Revising the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records.

MGR - Manager

A/MGR - Authorized Member

Title Name Address Type of Action

MGR MICHELO GERMAN 7508 NW 54th St. Add

7508 NW 54th St. Remove

MGR JUAN C. BRAHIM 3200 NW 67 AVE BLDG 3, SUITE 375 Add

Miami, FL 33122 Remove

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Add

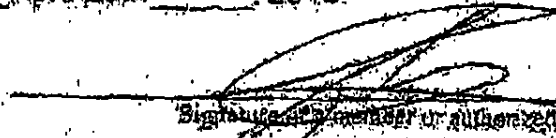
Remove

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

1) _____

F. Effective date, if other than the date of filing (optional)
The effective date must be specific, cannot be prior to the date of receipt of FSCS, and cannot be more than 90 days after the date this instrument is filed by the Florida Department of State.

Dated April 29th 2016



Signature of a member or authorized representative of member

Jason C. Graham - Manager
Dated and printed name of signer

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