L09000072176

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
109-12176
<u>LOG-72176</u> (Document Number)
Certified Copies Certificates of Status
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03/08/11--01038--008 **25.00

SECRETARY OF STATE DIVISION OF CORPURATIONS

Cumpan MAK 25 2014

COVERLETTER

Division of Co	orporations			
SUBJECT:	1090	NE 159 LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
	Anthony Misuraca			
		Name of Person		
Firm/Company				
4775 Collins Ave., Unit 3205				
		Address	· · · · · · · · · · · · · · · · · · ·	
City/State and Zip Code				
antoniomisuraca1@gmail.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please	call:		
~	hony Misuraca	at (305)	439-6956	
Name of Person		Area Code & Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
 ▼ \$25.00 Filing Fee	S30.00 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.		ethert/coun	IED ADDRESS.	

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



March 17, 2011

ANTHONY MISURACA 4775 COLLINS AVENUE UNIT 3205 MIAMI BEACH, FL 33140

SUBJECT: 1090 NE 159 LLC Ref. Number: L09000072176

We have received your document for 1090 NE 159 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

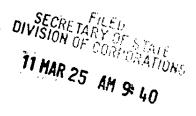
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 311A00005754

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	1090 NE 159 LLC	.		
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company)	irs ón our records.)		
The Articles of Organization for this Limited I	iability Company were filed on	07/28/2009	and assigned	
Florida document number L0900007	2176			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "	LC" or the abbreviation	
Enter new principal offices address, if appli-	cable:			
(Principal office address MUST BE A STRE)	ET ADDRESS)			
Enter new mailing address, if applicable:		<u>. </u>		
(Mailing address MAY BE A POST OFFICE	BOX)			
	-			
B. If amending the registered agent and, registered agent and/or the new registered o	or registered office address on ffice address here:	our records, <u>enter t</u>	the name of the new	
Name of New Registered Agent:	BURSTYN, BRADLEY			
New Registered Office Address:	8 CENTURY LANE			
	Enter Florida street address			
	MIAMI BEACH	, 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 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 Address <u>Title</u> <u>Name</u> MGR MISURACA, ANTONIO 4775 COLLINS AVE, #3205 ☐ Add Remove MIAMI BEACH EL 33140 US Add Remove ☐ Add ☐ Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 02/25 Dated Signature of a rember or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00