L09000078873

	Requestor's Name)			
(requestors reamer			
	Address)			
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	Address)			
(City/State/Zip/Phone	e #)		
PICK-UP		MAIL		
(Business Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status :		
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SECRETARY OF STATE
IALLAHASSEE, FLORID.



AUG 2 1 2009

J. BRYAN

SEP - 1 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2009

STEPHEN S. SIEGEL STEPHEN S. SIEGEL, P.A. 14100 PALMETTO FRONTAGE ROAD, SUITE 102 MIAMI LAKES, FL 33016

SUBJECT: 144 STREET LLC Ref. Number: L09000078873



We have received your document for 144 STREET LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You didn't send the complete form.

We are enclosing the proper form(s) with instructions for your convenience.

returned - Thank you.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 709A00028475

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	144 S	TREET LLC			
SUBSECT.		ed Liability Company	10 - 10 · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	S: S	TEPHEN S. SIEGEL		The state of the s	
		Name of Person		· ·*·	
STEPHEN S. SIEGEL, P.A. Firm/Company				SECOND TI	
		Firm/Company		153 F	
14100 PALMETTO FRONTAGE ROAD, SUITE 102 Address Address					
	MIAMI LAKES, FL 33016				
	City/State and Zip Code				
RWALTERS@GATE.NET E-mail address: (to be used for future annual report notification)					
For further information co	oncerning this matter, please ca	all:			
STEPH	IEN S. SIEGEL	at (305)	557-4172		
Name of	Person	Area Code & Dayti	me Telephone Numbe	. 	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	ed) Certifie	ate of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

144 STREET LLC				
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears of Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability (Company were filed on Aug t	ist 17. 2009 and assigned		
Florida document number L09000078873	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,	"the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DO NUG 31 PM 3 SECRETARY OF S ALLIAHASSEE FI		
B. If amending the registered agent and/or registered agent and/or the new registered office add		28 ORIT		
Name of New Registered Agent:				
New Registered Office Address:	Futov	Florida street address		
	Emer Fioriau Street address			
	City	, Florida 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 **Title** Name 1 Address MGR WALTERS, RODNEY C 16535 NE 26 AVE ☐ Add N MIAMI BEACH EL 33160 √ Remove MGR RODNEY CLYDE WALTERS, 16535 NE 26 AVE **✓** Add N MIAMI BEACH FL 33160 AS TRUSTEE OF THE Remove RODNEY CLYDE WALTERS LIVING TRUST, DATED JULY 24, 2002 ☐ Add Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 09 AUG AUGUST 18 2009 Dated _____ Signature of a member or authorized representative of a member RODNEY C WALTERS

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee