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(Requestor's Name)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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SECRETARY OF STATE

J. BRYAN

JAN 20 2012

EXAMINER

COVER LETTER

Division of C	orporations			
SUBJECT:	FELDMAN I	REAL ESTATE LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	-	Golan Feldman		2017 TAS
		Name of Person		TALLAH 19 AM 11: 00 SECRETARSSEE, FLORIDA TALLAH SSEE, FLORIDA
		Firm/Company		SSE PE
	1640	Town Center Circle #21	0	T ST.
Address			A STATE OF THE PARTY OF THE PAR	
		Weston, Fl, 33326		
		City/State and Zip Code		
	Gol	anfeldman@gmail.com to be used for future annual report n	atiCastian)	
For further information	concerning this matter, please of	·	othication)	
G	olan feldman	at (_954_)_	881-1818	
Name	of Person		time 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 enclo	sed) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

FELDMAN REAL ESTATE LLC

(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears y Company)	on our records.	
The Articles of Organization for this Limited Liability Company were f	filed on	08/25/2009	and assigned
Florida document numberL0900082136		٠, ٠	夏人
This amendment is submitted to amend the following:			and assigned
A. If amending name, <u>enter the new name of the limited liability co</u>	ompany here		SEE SEE
The new name must be distinguishable and end with the words "Limited Lia 'L.L.C."	bility Compan	y," the designation "L	LC" of the abbaviatio
Enter new principal offices 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)		·	
3. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	ddress on ou	r records, <u>enter t</u> l	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Ente	r Florida street addr	ress
		Florido	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members

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>	Address	Type of Action
MGR_	FELDMAN, JENNIFER	1640 TOWN CENTER CIR #210 WESTON FL 33326 US	Add ✓ Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary,	TILE 2012 JAN 19
Dated	, ·,		
	Signature of a me	ember or authorized representative of a member	
		Golan Feldman	

Page 2 of 2

Filing Fee: \$25.00