



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000048238 3)))



H160000482383ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FILLINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

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

Email Address: _____

FILED
2016 FEB 24 A 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2016 FEB 24 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARINA OAKS 1 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 25 2016
D. BRUCE

H16000048238

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARINA OAKS I LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/26/2009 and assigned
Florida document number L09000082453

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 contain 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**)

3423 NE 166TH ST.

NORTH MIAMI BEACH

FL 33160

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3423 NE 166TH ST.

NORTH MIAMI BEACH

FL 33160

FILED
2016 FEB 24 A 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Oren Hon

New Registered Office Address:

3423 NE 166TH ST.

Enter Florida street address

NORTH MIAMI BEACH

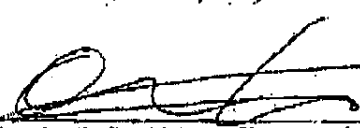
Florida 33160

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 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.


If Changing Registered Agent, Signature of New Registered Agent

H16000048238

H16000048238

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HON CAPITAL, LLC	20801 BISCAYNE BLVD	☐ Add
		SUITE 403	☒ Remove
		AVENTURA, FL 33180	☐ Change
MGR	OREN HON	3423 NE 166TH ST.	☒ Add
		NORTH MIAMI BEACH	☐ Remove
		FL, 33160	☐ Change
MGR	SHIRA HON-LAHAV	3423 NE 166TH ST.	☒ Add
		NORTH MIAMI BEACH	☐ Remove
		FL, 33160	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H16000048238

FILED
MAR 24 2018
FBI - MIAMI
RECEIVED

H16000048238

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0217 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated As of October 16, 2015

Signature of a member or authorized representative of a member

OREN HON, Authorized representative

Typed or printed name of signee

100

2016 FEB 24 A 5:35

