## 109000114301

(Re	questor's Name)	
•		
(Ad	dress)	
•		
(Ad	dress)	
V	,	
(0)	(0) 17 (7)	- 10
(Ci	ty/State/Zip/Phone	<del>?</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(2	,	· <b>,</b>
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ľ





600163359316

12/15/09--01034--004 \*\*30.00

FILLU
2009 DEC 15 AH II: 35
SECRETARY OF STATE
SECR

M. THOMAS

DEC 16 2009

**EXAMINER** 

## IRA R. SHAPIRO, P.A.

ATTORNEY AND COUNSELOR AT LAW
BAYLEE EXECUTIVE CENTER - SUITE 225
16375 NORTHEAST 18TH AVENUE
NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO

DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 E-MAIL: irspa225@yahoo.com

December 9, 2009

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: TDR 1-2407, LLC
Articles of Amendment

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for TDR \( \frac{12}{2}407 \) LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$30.00 for the filing fee and for the Certificate of Status. A self-addressed stamped envelope is enclosed for the return of the certified copy of the Amendment.

Sincerely,

LIAR. SHAPIRO

LIAR. SHAPIRO

IRS/sma

Encl.

scorp bassin 12909.1

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	TDR	1-2407, LLC		
		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
		Ira R. Shapiro		_
		Name of Person		
		Ira R. Shapiro, P.A.		3
	Firm/Company			声彩 量 一
16375 NE 18th Avenue, Suite 225		星 号		
	<del></del>	Address		5
	Norti	n Miami Beach, FL 3316	62	TALLAHASSEE, FLORID
		City/State and Zip Code		1:3
	F-mail address: (	to be used for future annual report	I notification)	Sm S
For further information	concerning this matter, please			
	, p			
	a R. Shapiro	at ( 305 )	944-3936 aytime Telephone Number	
Name	of reison	Area Code & D	ayınne Telephone Numbe	51 -
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 enc	losed) Certifie	ling Fee, ate of Status & d Copy nal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of C Clifton Buildi	orporations ing ve Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<b>T</b>	DR 1-2407, LLC		
(Name of the Limited Liabi	ility Company as it now appears da Limited Liability Company)	on our records.)	
(11161)	aa Diimea Diaomiy Company)		
The Articles of Organization for this Limited Liability	y Company were filed onDo	ecember 1, 2009 and assigned	
Florida document numberL09000114301	•		
<del></del>			
This amendment is submitted to amend the following	;;		
A. If amending name, enter the new name of the l	imited liability company here	:	
, <u> </u>			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		7 <u>88</u> 28	
		ARE B	
Enter new mailing address, if applicable:		ASTA -	
(Mailing address MAY BE A POST OFFICE BOX)		me a m	
		Es E O	
	· · · · · · · · · · · · · · · · · · ·	OR 3	
B. If amending the registered agent and/or re		ir records, enter the name of the new	
registered agent and/or the new registered office a	ddress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
<del></del>	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

<u>Title</u>	<u>Name</u>	Address	Type of Ac	<u>tion</u>
MGR	Boris Bassin	16001 Collins Avenue #2407 Sunny Isles Beach, FL 33160	Add Remove	
MGR	Selima Bassin	16001 Collins Avenue, #2407 Sunny Isles Beach, FL 33160	_ ✓ Add ☐ Remove	
<del>,</del>			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amo	ending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	2009 DEC 15	
			AMIII: 38	
Dated	December 7	, <u>2009</u> .	_	
	Signature of	a member or authorized representative of a member		
		Selima Bassin Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00