

L09000118037

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC -1 AM 9:09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PENINSULA 2805, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS A. SUPRASKI, ESQ.

Name of Person

LOUIS A. SUPRASKI, P.A.

Firm/Company

16666 NE 19 AVENUE, SUITE 113

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

supraski@supraskilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS A. SUPRASKI

305 792-0060
at ()

Name of Person

Area Code

Daytime 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

PENINSULA 2805, 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 12/11/2009 and assigned
Florida document number 109000118037.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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FILED IN 1004
FALL 2009

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 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

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>
MGRM	SALIN HERSCU	2450 HOLLYWOOD BLVD., #602	<input type="checkbox"/> Add
		HOLLYWOOD, FL. 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TZVI HERSHKU	2450 HOLLYWOOD BLVD., #602	<input type="checkbox"/> Add
		HOLLYWOOD, FL. 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	IRIT HERSHKO	2450 HOLLYWOOD BLVD., #602	<input type="checkbox"/> Add
		HOLLYWOOD, FL. 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	EYAL HERSHKO	2450 HOLLYWOOD BLVD., #602	<input type="checkbox"/> Add
		HOLLYWOOD, FL. 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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17 DEC -1 4M 9:09

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-28-2008 BY 60322
UCBAW/BJA

SEPTEMBER 1, 2017

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.

Dated NOVEMBER 27, 2017

LOUIS A. SUPRASKI, ESQ.

Page 3 of 3

Filing Fee: \$25.00

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal blue lines across its entire surface, providing a guide for writing. The paper itself is white and appears clean, with no handwriting or other markings present.

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.

Dated NOVEMBER 27 2017

Signature of a n

Signature of a member or authorized representative of a member

LOUIS A. SUPRASKI, ESQ.

Typed or printed name of signee