

LID 000000 8029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

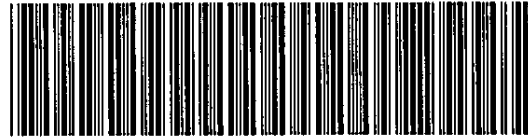
(Business Entity Name)

(Document Number)

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08/05/16--01020--008 **25.00

AUG 08 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 335 OCEAN DRIVE 313, 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:

CORINE SHELLEY
Name of Person
Firm/Company
5637 Lagorce Drive
Address
MIAMI BEACH, FL 33140
City/State and Zip Code
corishelley@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Corine Shelley at (305) 926-8085
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**

335 OCEAN DRIVE 313, 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 01/21/2010 and assigned Florida document number L10000008029.

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)

5637 Lagorce Drive
Miami Beach, FL 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5637 Lagorce Drive
Miami Beach, FL 33140

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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: _____

5637 Lagorce Drive
Enter Florida street address
Miami Beach, Florida 33140
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 | JNF Family Ltd Liability Ltd Pshp | | <input type="checkbox"/> Add |
| | | 10 Venetian Way, #2306 | <input checked="" type="checkbox"/> Remove |
| | | Miami Beach, FL 33139 | <input type="checkbox"/> Change |
| MGR | Corine Shelley | 5637 Lagorce Dr | <input checked="" type="checkbox"/> Add |
| | | Miami Beach, FL 33140 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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