

L10 0000 57034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

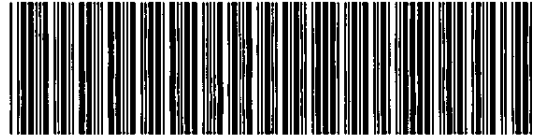
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200253924712

11/19/13--01024--008 **250.00

NOV 19 10:54 AM '13

NOV 20 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3660 NE 166 ST. 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:

JOSEPH B. RYAN
Name of Person

JOSEPH B. RYAN III. P.A.
Firm/Company

8925 SW 148 STREET, SUITE 200
Address

MIAMI, FLORIDA 33176
City/State and Zip Code

JBRYANLAW@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH B. RYAN at **(305) 444-4949**
Name of Person Area Code & Daytime Telephone Number

19 NOV 19 AM 10:54
RECEIVED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**

3660 NE 166 ST. 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 5/26/2010 and assigned Florida document number L10000057034.

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 end with 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)

1210 WASHINGTON AVENUE

SUITE 210

MIAMI BEACH, FLORIDA 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1210 WASHINGTON AVENUE

SUITE 210

MIAMI BEACH, FLORIDA 33139

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:

1210 WASHINGTON AVENUE, SUITE 210

Enter Florida street address

MIAMI BEACH

City

Florida 33139

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

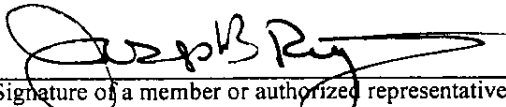
If attending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Yohan Jaieb	555 NE 15th St., #200	<input type="checkbox"/> Add
		Miami, FL 33132	<input checked="" type="checkbox"/> Remove
MGRM	Samir Jaieb	1210 Washington Ave.	<input checked="" type="checkbox"/> Add
		#210	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated November 18, 2013.



Signature of a member or authorized representative of a member

Joseph B. Ryan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
19 NOV 19 AM 10:56
MILWAUKEE COUNTY CLERK
MILWAUKEE, WISCONSIN