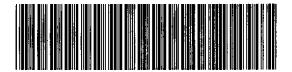
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Document Number)				
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D. BRUCE
MAY 27 2011

EXAMINER

G GIANNETTO Consulting LLC.

C. Giannetto, Esq.

8815 Conroy Windermere Rd. #104
Orlando, FL 32835
P: 321 289 3049
charlie@giannettolllc.com

May 23, 2011

Registration Section Division of Corporations P O Box 6327 Tallahassee, FL 32314 VIA PRIORITY

RE: Document No. W11000028146

Dear Sirs:

Please be advised that the undersigned is the same principal and Giannetto Consulting LLC. Filed under L08000098318.

Please file and activate document No. W11000028146.

Your prompt attention to this matter is greatly appreciated.

Sincerely,

Charles Giannetto



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2011

ACIAZ OZ 1300 NE MIAMI GARDENS DR. 221 MIAMI, FL 33179

SUBJECT: WILSHIRE APARTMENT, LLC

Ref. Number: L10000072740

IN MAY 26 PM 1:

We have received your document for WILSHIRE APARTMENT, LLC and check(s) totaling \$25.00. However, the enclosed document has not been and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 711A00012234

COVER LETTER

TO:	Registration S Division of Co			•
SUBJE				
30202			APARTMENT,LLC ited Liability Company	
The end	closed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
	ACHIAZ OZ			
			Name of Person	
			Firm/Company	
	1300 NE MIAMI GARDENS DR. 221			
			Address	
			MIAMI FL 33179	
	City/State and Zip Code			
			TTAS18@AOL.COM to be used for future annual report notificat	(in)
For furt	her information	concerning this matter, please of	eall:	
		LILY ATTAS	at (335396
	Name	of Person	Area Code & Daytime To	elepnone Number 24
Enclose	ed 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)	Section 1 Section 2 Sectio
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lability Compai lorida Limited L	ny as it now appears of Liability Company)	n our records.)			
bility Company '40	were filed on	7.27.2010	and assigned		
ving:					
he limited liab	ility company here:				
the words "Limi	ted Liability Company,	" the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:			R. 221		
ADDRESS)	MIAMI FL 3317				
		<u> </u>	r s		
	1300 NE MIAMI				
<u>0X)</u>	MIAMI FL 3317	9			
					
		records, enter the	ne name of the new		
ACHIAZ, O	Z				
New Registered Office Address: 1300 NE MIAMI GARDENS DR. 221					
	Enter Florida street address				
MIAI	MI FL 33179	, Florida	33179		
	City		Zip Code		
	iability Company doility Company do bility Company do ving: he limited liab the words "Limi ole: ADDRESS) registered of ce address here ACHIAZ, O 1300 NE Mi	bility Company were filed on	Abblity Company as it now appears on our records. Florida Limited Liability Company bility Company were filed on		

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, Shanature 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 Type of Action **Title Name Address MGRM** VARDA ORON 1300 NE MIAMI GARDENS DR. 221 MIAMI FL 33179 Remove **ASHER ORON** MGRM 1300 NE MIAMI GARDENS DR. 221 √ Add Remove MIAMI FL 33179 MGRM KAPLAN SHARON 20941 NE 21 CT ☐ Add MIAMI FL 33179 ∇ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ACHIAZ, OZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00