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### COVER LETTER

TO: Registration Section
Division of Corporations

. WILSHIRE APARTMENT, 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:

Harold M. Garber

Name of Person

Harold M. Garber, PA

Firm/Company

2999 NE 191 St #900

Address

Aventura, FL 33180

City/State and Zip Code

hmgarber@bellsouth.net

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

For further information concerning this matter, please call:

# Harold Garber

 $_{at}(305) 332-1335$ 

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**

2014 JUL -9 AMII:

WILSHIRE APARTMENT, 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 July 9, 2010 and assigned Florida document number L10000072740 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." 3032 E Commercial Blvd #120 Enter new principal offices address, if applicable: Ft Lauderdale, FL 33308 (Principal office address MUST BE A STREET ADDRESS) 3032 E Commercial Blvd #120 Enter new mailing address, if applicable: Ft Lauderdale, FL 33308 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the r registered agent and/or the new registered office address here: Harold M Garber Name of New Registered Agent: 2999 NE 191 St #900 New Registered Office Address: Enter Florida street address , Florida 33180 Aventura 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 t 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manage Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Varda Oron	1300 NE Miami Gardens Dr #221 E	_□ Add
		Miami, FL 33179	_■ Remove
MGRM	Asher Oron	1300 NE Miami Gardens Dr #221E	 Add
		Miami, FL 33179	_■ Remove
MGR	Lea Lily Attas	3032 E Commercial Blvd #120	 _ <b>=</b> Add
		Ft Lauderdale, FL 33308	_□ Remove
			- _□ Add
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effective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
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e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
fective date, if other than the date of filing:  e effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)  ated  Signature of a member or authorized representation.	cannot be more than 90 days after

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Filing Fee: \$25.00