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SECRETARY OF STATE

OCT - 4 2013 T. HV&XPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

T & O INVESTMENTS, 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:

ILANA ARTZY, ESQ

Name of Person

LAW OFFICE OF ILANA KALICHMAN-ARTZY, PA

Firm/Company

19390 COLLINS AVE, SUITE C

Address

SUNNY ISLES, FLORIDA 33160

City/State and Zip Code

iartzy@ikallaw.com

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

For further information concerning this matter, please call:

Ilana Artzy

{4/}305\733-0933

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

T & O INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

·	7 1 27	4
The Articles of Organization for this Limited Lia	shility Company were filed on 07/21/2010	ZE and assigned
Florida document number L10000076910	tomey company were fried on	→ R G T
Florida document number		DCT CRETE
		SSE Jo
This amendment is submitted to amend the follow	wing:	The Republic
A. If amending name, enter the new name of	the limited liability company here	
and the same of	the marted agents company bere.	SPECIAL STATES
The new name must be distinguishable and end with	the words "Y imited I inhility Commons" the dea	
"L.L.C."	The words Limited Liability Company, the des	ignation LLC of the appreviatio
Variance and a second of the s		
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	PON	
B. If amending the registered agent and/o	r registered office address on our record	s enter the name of the new
registered agent and/or the new registered off		s, enter the name of the nev
,		
Name of New Registered Agent:		
Number 1 New Registered Figure.		
New Registered Office Address:		
	Enter Florida	street address
	, F	Tlorida
	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 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 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

<u>Title</u>	Name	Address	ype of Action
MGRM	LEE MORAN	1950 SW 7TH PLACE	Add
		BOCA RATON, FL 33486	Remove
MGRM	ALEXANDER ESPINOSA	740 MICHIGAN AVE, UNIT 8	Add
		MIAMI BEACH, FL 33139	Remove
			Add
			Remove
		TALLAH	20 30C:
	<u>.</u>	TARREF, FLO	Remove
	·	DE A	Add
			Remove
			Add
		 	Remove

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· '
,	
Dated	September 24 2013 //
Date	· — · — · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	ORIEL TSVI, MGRM $^{\prime\prime}$
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT -3 AHII: 44