

L 10000086247

(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



900201219109

04/12/11--01014--022 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 27 PM 10:00

FILED

C. LEWIS

APR 28 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2011

ANDREW S. ATKINS, ESQ.
SHEVLIN & ATKINS
1111 KANE CONCOURSE, SUITE 400
BAY HARBOR ISLANDS, FL 33154

SUBJECT: CONCH ISLAND LLC
Ref. Number: L10000086247

We have received your document for CONCH ISLAND LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00008961

SHEVLIN & ATKINS

ATTORNEYS AT LAW

1111 KANE CONCOURSE

SUITE 400

BAY HARBOR ISLANDS, FLORIDA 33154

TELEPHONE (305) 868-0304

FACSIMILE (305) 868-0338

BARRY T. SHEVLIN
ANDREW S. ATKINS*
HARRIS S. HOWARD

April 25, 2011

*ADMITTED IN FL AND GA

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Conch Island, LLC.

To Whom it May Concern:


Enclosed please find the original signed Articles of Amendment for the above-referenced company pursuant to your correspondence dated April 13, 2011, a copy of which I have also enclosed. I am not enclosing a check with this form as you are already in receipt of my firm's check in the amount of \$35.00.

Should you have any questions, please contact our office.

Yours very truly,

SHEVLIN & ATKINS
Attorneys at Law

By:


Andrew S. Atkins, Esq.

enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Conch Island, 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:

Andrew S. Atkins
Name of Person

Shevlin & Atkins
Firm/Company

1111 Kane Concourse, Ste 400
Address

Bay Harbor Islands, FL 33154
City/State and Zip Code

andrew@shevlinatkins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Atkins at (305) 868-0304
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

FILED

2011 APR 27 PM 12:00

CONCH ISLAND, LLC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 08/17/2010 and assigned
Florida document number L10000086247.

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)

301 Lincoln Road

Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 Lincoln Road

Miami Beach, FL 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: _____

301 Lincoln Road

Enter Florida street address

Miami Beach, _____, Florida 33139

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:

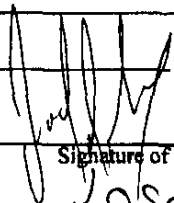
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose L. Collazo	6705 Shrimp Road Key West, FL 33040	<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
			<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

X 

Signature of a member or authorized representative of a member

Joseph Cohen

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

2011 APR 27 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED