

L10000075489

(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



400188424984

12/17/10--01023--012 \*\*55.00

FILED  
2010 DEC 17 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
DEC 20 2010  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WILSHIRE 1015E, 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 Street #903

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 M. Garber

Name of Person

at ( 305 )

937-4045

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                             |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2010 DEC 17 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**WILSHIRE 1015E, 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 08/24/2010 and assigned  
Florida document number L10000088871.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2010 DEC 17 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

ORIE ATTAS

New Registered Office Address:

20941 NE 21 COURT

*Enter Florida street address*

North Miami Beach, FL 33179

Florida

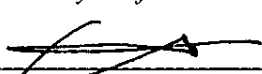
33179

*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>                                                      |
|--------------|------------------|------------------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | ORIE ATTAS       | 20941 NE 21 COURT<br>North Miami Beach, FL 33179     | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | SHARON A. KAPLAN | 1300 NE Miami Gardens Drive #221E<br>Miami, FL 33179 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | ACHIAZ OZ        | 1300 NE Miami Gardens Drive #201E<br>Miami, FL 33179 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                  |                                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 16, 2010.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

ORIE ATTAS

\_\_\_\_\_  
Typed or printed name of signee

2010 DEC 17 PM 12:24  
FILED  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
JAILMASTER, FLORIDA