## #L10000089239

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(Address)				
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(Audiess)				
(City/State/Zip/Phone #)				
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(Business Enuty Name)				
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## **COVER LETTER**

TO:	Registration S Division of Co		
SUBJE	ECT:	729 Me	eridian Ave LLC
		Name of Lim	ited Liability Company
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.
Please	return all corresp	oondence concerning this matte	r to the following:
			Angela Coates
Maje			Name of Person
			Majestic Properties
			Firm/Company
			35 NE 40th Street
			Address
			Miami, FL 33137
			City/State and Zip Code
		ange	elac@majesticmiami.com to be used for future annual report notification)
	•	•	the second of th
For furt	her information	concerning this matter, please of	call:
		Brad Carlson	at ( 917 ) 553-5225
	Name	of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for	the following amount:	
<b>√</b> ] \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		ration Section	STREET/COURIER ADDRESS: Registration Section Division of Corporations
	· • P.O. B	Sox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle
	i ailan	25500, FL 32514	Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



729 Meridian Ave LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/24/2010 The Articles of Organization for this Limited Liability Company were filed on and assigned L10000089239 Florida document number 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) Majestic Properties Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 35 NE 40th Street Miami, FL 33137 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: Enter Florida street address

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.

City

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>	Address	Type of Action
MGRM	Jonathan Beloff	1691 Michigan Ave, Ste 320 Miami Beach, FL 33139	Add Remove 
	<del>1736</del>		Add Remove
			Add Remove
-			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			_
			<u>-</u> -
Dated	Signature of a member	or authorized representative of a member	<b>****</b>
-	Tida		

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Filing Fee: \$25.00