

L10000094342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

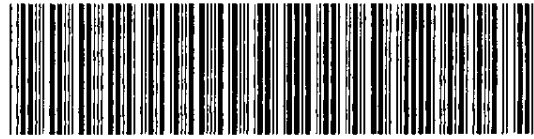
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/11--01038--007 **25.00

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11 MAR 23 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 24 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2011

ANTHONY MISURACA
4775 COLLINS AVE., UNIT 3205
MIAMI BEACH, FL 33140

SUBJECT: 835 NE 143 LLC
Ref. Number: L10000094342

We have received your document for 835 NE 143 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 211A00006628

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2011

ANTHONY MISURACA
4775 COLLINS AVE., UNIT 3205
MIAMI BEACH, FL 33140

SUBJECT: 835 NE 143 LLC
Ref. Number: L10000094342

We have received your document for 835 NE 143 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 311A00005768

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 835 NE 143 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:

Anthony Misuraca
Name of Person

Firm/Company

4775 Collins Ave., Unit 3205
Address

Miami Beach, FL 33140
City/State and Zip Code

antoniomisuraca1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Misuraca at (**305**) **439-6956**
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

835 NE 143 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 09/09/2010 and assigned Florida document number L10000094342.

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)

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA
11 MAR 23 PM 3:38

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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: BURSTYN, BRADLEY

New Registered Office Address: 8 CENTURY LANE

Enter Florida street address

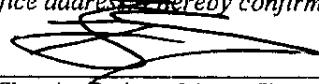
MIAMI BEACH, Florida 33139

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	MISURACA, ANTHONY	4775 COLLINS AVE. #3205 MIAMI BEACH FL 33140 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BURSTYN, BRADLEY	8 CENTURY LANE MIAMI BEACH FL 33139 US	<input checked="" 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 02/25, 2011

Anthony Misuraca
Signature of a member or authorized representative of a member
Anthony Misuraca
Typed or printed name of signee

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11 MAR 23 PM 3: 22
CLERK OF THE COURT
MIAMI-DADE COUNTY
FLORIDA