L10000096781

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
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D. BRUCE

SEP 24 2010

EXAMINER

COVER LETTER

Division of	Corporations					
SUBJECT:	1360	Building LLC				
SOBJECT.		ited Liability Company				
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	espondence concerning this matter	to the following:				
		Alex Arguelles				
		Name of Person				
	Tza	dik Management Group				
		Firm/Company				
		164 NE 105th Street	•			
		Address				
	Mi	ami Shores, FL, 33138				
		City/State and Zip Code				
	alex.argı E-mail address: (uelles@tzadikconsulting.com	1 ation)	TAL	10	
For further information	on concerning this matter, please o	eall:		CRETA LAHAS	A3S	TIL
	Alex Arguelles	at (954)	62-7828	TARY O	23	
· Na	me of Person	Area Code & Daytime	Telephone Number	OF ST	PH B	
Enclosed is a check t	for the following amount:			ATE RIDA	P/O	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filir Certificate Certified (additional	of Status Copy		ed)
	AILING ADDRESS: gistration Section	STREET/COURIE Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1360 Buil	ding LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear	s on our records.)	<u> </u>	
(11.101.1da 21.11.100 1	Siderally Company)			
The Articles of Organization for this Limited Liability Company	were filed on	09/15/2010	and assi	gned
Florida document numberL10000096781				
This amendment is submitted to amend the following:			•	
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compa	ny," the designation "I	LLC" or the a	bbreviation
Enter new principal offices address, if applicable:			- ₹'	
(Principal office address MUST BE A STREET ADDRESS)				
			美帝 安	11
			ARY SSE	
Enter new mailing address, if applicable:			mo To	
(Mailing address MAY BE A POST OFFICE BOX)			STATE FLORID,	0
			RATE NO.	······································
			15	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter t</u>	the name of	the new
registered agent and/or the new registered office address her	<u>: c</u> .			
Name of Nam Projectored Acoust				
Name of New Registered Agent:				
New Registered Office Address:	Ent	ter Florida street add	dross	
	Emer Prortag Street dadress			
	City	, Florida <u></u>	Zip Code	
	•		zip Coae	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			

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 = Mar MGRM = M	nager Ianaging Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Tomas Sinisterra	6405 NW 36th Street, #214 Miami, FL 33166	✓ Add ☐ Remove		
			Add Remove		
	·		AddRemove		
			Add Remove		
			☐Add ☐Remove		
			Add Remove		
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	ry.)		
			10 SEP :		
	Sontombor 20th	240	23 PM (C)		
Dated	September 20th 20	of or authorized representative of a member	TATE ORIDA		
	,	Alex Arguelles			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00