

L10000 117873

(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



800258663618

04/10/14--01014--009 **25.00

RECEIVED
2014 APR 10 AM 11:12
TO HONORABLE
SUFFICIENT OF FILING

FILED
2014 APR 10 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2013
T. HAMPTON

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

4/10 GLINDA

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

AMENDMENT

1. 1983 PARTNERS FLORIDA, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

1983 PARTNERS FLORIDA, LLC

FILED
2014 APR 10 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERTO VAINRUB	C/O 301 W. HALLANDALE BEACH BOULEVARD	<input type="checkbox"/> Add
		HALLANDALE BEACH, FLORIDA 33009	<input checked="" type="checkbox"/> Remove
MGR	ALAN ROTTER	20900 NE 30 AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 515	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	
			<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

2014 APR 10 AM 8:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

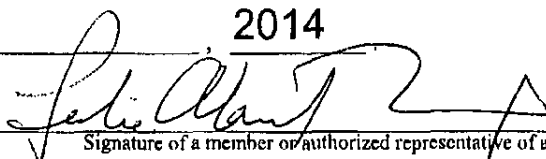
FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **APRIL 8**, **2014**



Signature of a member or authorized representative of a member

LESLIE ALAN ROZENCWAIG, ESQ.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 APR 10 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA