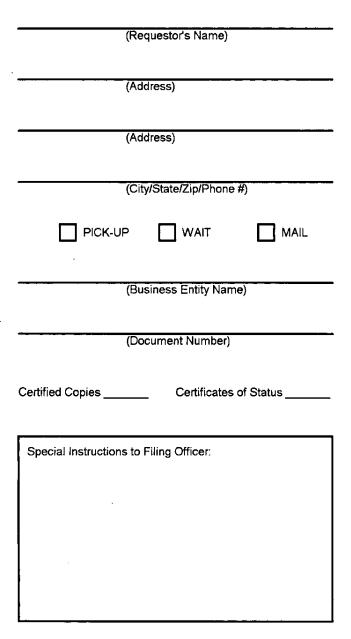
## L10000124278



Office Use Only



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TALLAHASSEE, FLORING

B. BOSTICK

OCT 29 2012

EXAMINER

## **COVER LETTER**

TO:	Registration So Division of Co		**				
SUBJE	CT: *	911 NW 1	ST STREET, LLC				
JUDUL			ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing,				
Please 1	return all correspo	ondence concerning this matte	r to the following:				
		,					
			Name of Person	<u> </u>			
4		JL	JULIO C. ALONSO, P.A.				
			Firm/Company				
		300 SE					
			Address	_			
		_					
		E-mail address: (	f111msm@gmail.com (to be used for future annual report notification)	TALL	₹.		
For furt	ther information of	concerning this matter, please	call:	3>3 20	12 00 TT		
	JULIO (	C. ALONSO, ESQ.	at ( 305.) 649-7600	SS	O		
		of Person	Area Code & Daytime Telephone Num	iber			
				10 E	प्रमुख इ.स. इ.स. इ.स.		
Enclose	ed is a check for t	he following amount:		VO.	$\frac{\sigma}{\omega}$		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, ficate of Sta fied Copy	itus &		
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	i:			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

91 (Name of the Limited (A	1 NW 1ST S Liability Compa Florida Limited I	STREET, LLC ny as it now appears on Liability Company)	our records.)		**********			
The Articles of Organization for this Limited Li Florida document numberL10000124		were filed on1	2/03/2010	я	nd assi	gned		
This amendment is submitted to amend the folk	owing:							
A. If amending name, enter the new name of	the limited liab	ility company here:						
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company,"	the designation	"LLC" o	or the ab	obreviation		
Enter new principal offices address, if applic	10275 COLLINS AVENUE							
(Principal office address MUST BE A STREE	UNIT 1423		₹50	1				
		BAL HARBOUR,	FL. 33154		2 00			
Enter new mailing address, if applicable:				HASSE	37.26	erratus ou asses		
(Muiling address MAY BE A POST OFFICE			7 15 	E E	# B			
				(A)	ري 	34		
				ίÇΑ	Ü			
B. If amending the registered agent and/or the new registered of	or registered of fice address her	fice address on our i e:	records, <u>enter</u>	the ne	ame of	the new		
Name of New Registered Agent: FLAVIO D. FAILLACE								
New Registered Office Address:	LINS AVENUE, UNIT 1423							
		Enter Florida street address						
	BAI	AL HARBOUR, Florida			33154			
		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

Page 1 of 2

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>Address</u> Type of Action **Title** Name MGR ULISES LEDAIN 20381 NE 30TH STREET \_\_\_ Add SUITE 202 ✓ Remove AVENTURA, FL. 33180 FLAVIO D. FAILLACE MGR 10275 COLLINS AVENUE √ Add Remove UNIT 1423 BAL HARBOUR, FL. 33154 \_□ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 2012 Signature of a member or authorized representative of a member ULISES LEDAIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00