

L10000124278 ✓

(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



600240905856

10/26/12--01020--025 \*\*25.00

FILED  
12 OCT 26 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 29 2012  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 911 NW 1ST STREET, 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:

JULIO C. ALONSO, ESQ.

Name of Person

JULIO C. ALONSO, P.A.

Firm/Company

300 SEVILLA AVENUE, SUITE 301

Address

CORAL GABLES, FL. 33134

City/State and Zip Code

fdf11msm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO C. ALONSO, ESQ.

Name of Person

at ( 305 )

649-7600

Area Code & Daytime Telephone Number

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

FILED  
12 OCT 26 PM 3:53  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**911 NW 1ST STREET, 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 12/03/2010 and assigned  
Florida document number L10000124278.

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)

10275 COLLINS AVENUE

UNIT 1423

BAL HARBOUR, FL. 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

FLAVIO D. FAILLACE

New Registered Office Address:

10275 COLLINS AVENUE, UNIT 1423

*Enter Florida street address*

BAL 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

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	ULISES LEDAIN	20381 NE 30TH STREET	<input type="checkbox"/> Add
		SUITE 202	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL. 33180	
MGR	FLAVIO D. FAILLACE	10275 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 1423	<input type="checkbox"/> Remove
		BAL HARBOUR, FL. 33154	
			<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 OCT 26 PM 3:53  
STATE  
TALLAHASSEE, FLORIDA

Dated OCTOBER 19, 2012

Signature of a member or authorized representative of a member

ULISES LEDAIN

Typed or printed name of signee