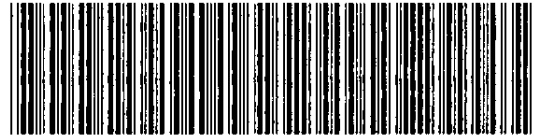


L10000126045



400196977194

03/08/11--01038--009 **25.00

(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:
Signature

Office Use Only

FILED

2011 MAR 23 AM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAR 24 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1439 NE 151, 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 23 AM 2:09

FILED

For further information concerning this matter, please call:

Anthony Misuraca at (**305**) **439-6956**
Name of Person 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

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

1439 NE 151, 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 12/08/2010 and assigned Florida document number L10000126045.

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)

4775 COLLINS AVE. #3205

MIAMI BEACH, FL 33140 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4775 COLLINS AVE. #3205

MIAMI BEACH, FL 33140 US

FILED
2011 MAR 23 AM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
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, JUDAH	4028 ISLAND ESTATES DR AVENTURA FL 33160 US	<input type="checkbox"/> Add <input checked="" 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.)*

2011 MAR 23 AM 2:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

Dated 02/25 2011

Anthony Misuraca

Signature of a member or authorized representative of a member

Anthony Misuraca

Typed or printed name of signee