

L10000131744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

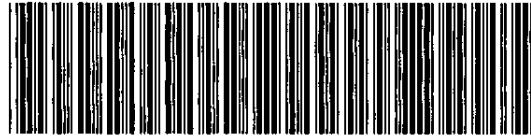
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 27 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 13300 ALEXANDRIA DR. HOLDINGS, 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:

DENISE VAKNIN  
Name of Person

\_\_\_\_\_  
Firm/Company

99 Roberts RD  
Address

ENGLEWOOD CLIFFS, NJ 07632  
City/State and Zip Code

atm21k@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENISE VAKNIN at (914) 260-3665  
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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

13300 ALEXANDRIA DR. HOLDINGS, 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 12/28/2010 and assigned  
Florida document number L10000131744.

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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)**

1250 NW 62nd St. A1  
MIAMI, FL 33147

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

99 ROBERTS RD  
ENGLEWOOD CLIFFS  
NJ 07632

**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:**

DENISE VAKNIN

**New Registered Office Address:**

1250 NW 62nd St. A1

Enter Florida street address

MIAMI  
City

Florida

33147  
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.

Denise Vaknin

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>
MGRM	DENISE VAKNIN	99 ROBERTS RD	<input checked="" type="checkbox"/> Add
		ENGLEWOOD CLIFFS	<input type="checkbox"/> Remove
		NJ 07632	
MGRM	NETANEL VAKNIN	14570 NW 17 <sup>th</sup> DR	<input type="checkbox"/> Add
		MIAMI FL 33167	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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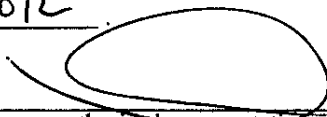
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Dated Nov 20, 2012



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
12 NOV 26 PM 4:00  
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