# L11000009087

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# **COVER LETTER**

	COVERCETTER	· , (*
то:	Registration Section Division of Corporations	,
SUBJE	CT. 5730 SEF LLC	
SUBJE	Name of Limited Liability Company	
The encl	closed Articles of Amendment and fee(s) are submitted for filing.	
Please ro	eturn all correspondence concerning this matter to the following:	
	Richard N. Schermer	
	Name of Person	
	Pathman Lewis LLP	
	Firm/Company	
	2 S. Biscayne Blvd., #2400	
	Address	
	Maimi, FL 33131	
	City/State and Zip Code	
	rschermer@pathmanlewis.com	
	E-mail address: (to be used for future annual report notification)	
	her information concerning this matter, please call:	
Rich	hard N. Schermer 305, 379-2425	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	d is a check for the following amount:	
		P.s.s
<b>—</b> \$23.	Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee	f Status & py

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

5730 SEF LLC		
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L1100009087	Company were filed on Jan. 21, 2011	and assigned
Florida document number	<del></del> '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		TA: 20
The new name must be distinguishable and end with the words "I.	imited Liability Company," the designation "LLC" o	r the abbreviation™L.C.
Enter new principal offices address, if applicable:		HAT R
(Principal office address MUST BE A STREET ADD	RESS)	Will w
Enter new mailing address, if applicable:		<b>3 3 5</b>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on our records, <u>e</u>	nter the name of the new
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	ด
	City	Zıp 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 605, 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 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

Title MGR	Name Sefran Management LLC	Address  17071 W. Dixie Highway  Add  Add  Add  Add  Add
		N. Miami Beach, FL 33160
MGR	Lillian Macken	201-91 Country Club Dr.
		Aventura, FL 33180
MGR	Rachel Beispel	290 West End Avenue
		New York, NY 10023 Remove
MGR	Estate of Robert Franco	166 East 63rd Street
		New York, NY 10021
		SECRE PROVE TALL AHASSEE
		PH 2: 10 Remove

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ective date, if other than effective date must be specific, date this document is filed by the	the date of filing:
date this document is filed by the	ne Florida Department of State)
date this document is filed by th	the date of filing:  cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)  2014

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Filing Fee: \$25.00

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