

#L11000009308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 JUL 11 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUL 11 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 700 Miami Beach  
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:

Guillermo Gleizer  
Name of Person

700 Miami Beach  
Firm/Company

325 Ocean Dr. #203  
Address

Miami Beach, FL 33139  
City/State and Zip Code

sragesq@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Guillermo Gleizer at (917) 539-0175  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2014 JUL 11 PM 3:48

700 Miami Beach

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Jan 24, 2011 and assigned  
Florida document number L11060009308

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)

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

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

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 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

| <u>Title</u> | <u>Name</u>  | <u>Address</u>         | <u>Type of Action</u>                   |
|--------------|--------------|------------------------|---|
| MGR          | Jessica Sypp | 9161 E Bay Harbor Dr   | <input checked="" type="checkbox"/> Add |
|              |              | #8A                    | <input type="checkbox"/> Remove         |
|              |              | Bay Harbor Islands, 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         |
|              |              |                        | <input type="checkbox"/> Add            |
|              |              |                        | <input type="checkbox"/> Remove         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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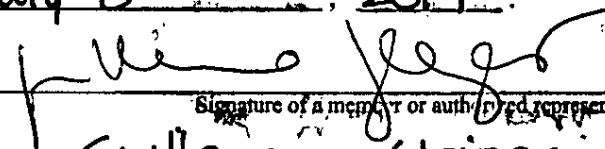
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 8, 2014



Signature of a member or authorized representative of a member

Guillermo Gleizer

Typed or printed name of signee