

L 11000035686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

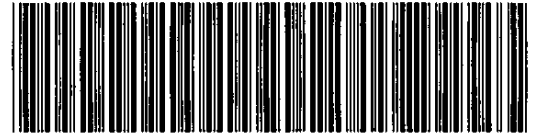
(Business Entity Name)

(Document Number)

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2014 JUL -9 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
JUL 10 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 110 NE 5TH STREET POMPANO, 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:

Harold M. Garber

Name of Person

Harold M. Garber, PA

Firm/Company

2999 NE 191 St #900

Address

Aventura, FL 33180

City/State and Zip Code

hmgarber@bellsouth.net

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

For further information concerning this matter, please call:

Harold Garber

Name of Person

at **(305) 332-1335**

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**

110 NE 5TH STREET POMPANO, LLC

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

FILED
2014 JUL -9 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 24, 2011 and assigned Florida document number L11000035686.

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: 3032 E Commercial Blvd #120
(Principal office address MUST BE A STREET ADDRESS) Ft Lauderdale, FL 33308

Enter new mailing address, if applicable: 3032 E Commercial Blvd #120
(Mailing address MAY BE A POST OFFICE BOX) Ft Lauderdale, FL 33308

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

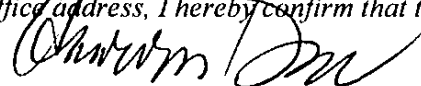
Name of New Registered Agent: Harold M Garber

New Registered Office Address: 2999 NE 191 St #900
Enter Florida street address

Aventura, Florida 33180
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 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 Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

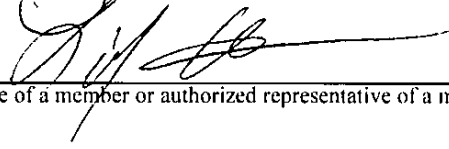
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|---------------------------------|--|
| MGRM | Achiaz Oz | 1300 NE Miami Gardens Dr #221 E | <input type="checkbox"/> Add |
| | | Miami, FL 33179 | <input checked="" type="checkbox"/> Remove |
| MGR | Achiaz Oz | 3032 E Commercial Blvd #120 | <input checked="" type="checkbox"/> Add |
| | | Ft Lauderdale, FL 33308 | <input type="checkbox"/> Remove |
| MGRM | Lily L. Attas | 20941 NE 21 Ct | <input type="checkbox"/> Add |
| | | Miami, FL 33179 | <input checked="" type="checkbox"/> Remove |
| MGR | Lea Lily Attas | 3032 E Commercial Blvd #120 | <input checked="" type="checkbox"/> Add |
| | | Ft Lauderdale, FL 33308 | <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.)*

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 6/30/2014



Signature of a member or authorized representative of a member

Lea Lily Attas

Typed or printed name of signee