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## **COVER LETTER**

TO: Registration Section , **Division of Corporations** 

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. G		
		Name of Person	
	Harold M. G	arber, PA	
		Firm/Company	
	2999 NE 19	1 St #900	
		Address	
	Aventura, Fl	L 33180	
		City/State and Zip Code	
	hmgarber@bellso	outh.net	
	E-mail address: (	to be used for future annual re	port notification)
For further information con-	cerning this matter, please ca	all:	
Harold Garb	er	<sub>at</sub> (305 <sub>)</sub> 33	32-1335
Name of P	erson	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	□ \$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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### 110 NE 5TH STREET POMPANO, 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 Li Florida document number <u>L11000035686</u>	ability Company	were filed on March 24, 2011	_ and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	3032 E Commercial Blvd #120	
(Principal office address MUST BE A STREE	T ADDRESS)	Ft Lauderdale, FL 33308	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and		3032 E Commercial Blvd #120  Ft Lauderdale, FL 33308  Fige address on our records enter the	no name of the r
registered agent and/or the new registered of			ie name or the i
Name of New Registered Agent:	Harold M G	arber	
New Registered Office Address:	2999 NE 19		
		Enter Florida street address	
	Aventura	, Florida_331	80
New Registered Agent's Signature if changing I		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 a 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

Page 1 of 3

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 Title Name Address **Type of Action** 1300 NE Miami Gardens Dr #221 E Achiaz Oz MGRM Miami, FL 33179 **■** Remove 3032 E Commercial Blvd #120 ■ Add Achiaz Oz MGR Ft Lauderdale, FL 33308 Remove 20941 NE 21 Ct Lily L. Attas MGRM □ Add Miami, FL 33179 **■** Remove 3032 E Commercial Blvd #120 Lea Lily Attas MGR Ft Lauderdale, FL 33308 Remove □ Add ☐ Remove ☐ Remove

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ffective date, if other than the date the effective date must be specific, cannot be the date this document is filed by the Florida	e of filing:
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he date this document is filed by the Florida	prior to date of receipt or filed date and cannot be more than 90 days after Department of State)
he date this document is filed by the Florida  Oated	prior to date of receipt or filed date and cannot be more than 90 days after Department of State)  O 20, 1 4 ature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00