## 111000062194

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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B. BOSTICK
AUG 1 8 2011
EXAMINER

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	orporations		
SUBJECT:	14020	W DIXIE LLC	
		ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	AL	EX D. SIRULNIK, ESQ.	
		Name of Person	
	AL	EX D. SIRULNIK, P.A. Firm/Company	<u> </u>
•		r il ili/Collipaliy	
•	2701	PONCE DE LEON BLVD	· · · · · · · · · · · · · · · · · · ·
			• •
	COI	RAL GABLES, FL 33134  City/State and Zip Code	443-7211
	ADS	©SIRULNIKLAW.COM to be used for future annual report no	
For further information	concerning this matter, please of	·	diffication)
ror turiner information	concerning this matter, prease c	vali.	F. 6. 10.
	_ANDA KATON of Person	at ( 305 )	443-7211 me Telephone Number
Nume	011013011	Their court at pay in	nie Telephone Panies.
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 enclose	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14020 V	N DIXIE LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appe ited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	May 26, 2011	and assigned
Florida document numberL11000062194			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	ere:	
The new name must be distinguishable and end with the words " "L.L.C."	Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			E 13
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
	the state of the s		To Fo
Enter new mailing address, if applicable:	<del>,</del>		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	***************************************		7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street addr	ess
		. Florida	
<del></del>	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 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.

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 Title <u>Name</u> <u>Address</u> **Type of Action** MGR ALBERTO DAYAN 294 NE 62nd Street ✓ Add Remove Miami, FL 33138 Modim Properties Inc. MGR 294 NE 62nd Street **√** Add Miami, FL 33138 Remove **MGRM** Alberto Dayan 294 NE 62nd Street Miami, FL 33138 Remove Modim Properties Inc. **M**GRM 294 NE 62nd Street Add Miami, FL 33138 | Remove ∏Add Remove

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessity if necessity is a manager managed company.	essary.)		
- - Dated	August 16 2011	TALL/HAS	- 11 AUG	5 (1) CONTROL OF THE
	Signature of a member or authorized representative of a member  Alberto Dayan  Typed or printed name of signee  Page 2 of 2	SEE, FLORIDA	7 PH 2:27	प्रकार प्रकार प्रकार प्रकार संस्था

Filing Fee: \$25.00