L11000063119

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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13 JAN 15 AMII: LL

JAN 1 6 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

2301 NW 33 COURT, LLC

SUBJECT:

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:

BOBBY L. SHIELDS, ESQ.

Name of Person

Firm/Company

2350 NW 36 AVENUE

Address

COCONUT CREEK, FL 33066

City/State and Zip Code

BOBSHIELDS99@BELLSOUTH.NET

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

For further information concerning this matter, please call:

BOBBY L. SHIELDS, ESQ.

,954<u>,</u>263-0841

Name of Person

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

2301 NW 33 COURT, LLC

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

(A I	Horida Limited L	lability Company)			
The Articles of Organization for this Limited Lia Florida document number <u>L11000063119</u>	bility Company	were filed on MAY	31, 2011 ·	_ and assig	gned DV CAS
This amendment is submitted to amend the follow	ving:			JAN 15	
A. If amending name, enter the new name of t	he limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company,	the designation "LLC	or the at	obreviation
Enter new principal offices address, if applical	ble:	2301 NW 33RD	COURT		
(Principal office address MUST BE A STREET ADDRESS)		SUITE 111			
		POMPANO BEA	ACH, FL 33069		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	2301 NW 33RD SUITE 111 POMPANO BEA			
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered off ce address here	fice address on our g:	records, enter the	name of	the new
Name of New Registered Agent:	BOBBY L. S	SHIELDS, ESQ.			
New Registered Office Address:	2350 NW 3	6TH AVENUE			
		Enter	Florida street addres	S	
COCONU		CREEK	, Florida <u>3306</u>	66	
		City	, 2 101 1116	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOSEPH J. DI CAPUA	2301 NW 33RD COURT	Add
		SUITE 111	Remove
		POMPANO BEACH, FL 33069	·
MGRM	LORI KAPLAN	2301 NW 33RD COURT	✓ Add
		SUITE 111	Remove
		POMPANO BEACH, FL 33069	_
MGRM	OFRA BEIGEL	2350 NW 36 AVENUE	Add
		COCONUT CREEK, FL 33066	Remove
			Add State Remove TARY OF COTTON Add Sale Remove
			Add Remove

f amending any othe	er information, enter change(s) here: (Attach additional sheets, if	necessary.)
	·	
	·	
1/ose	0 110 C	
- yase	Signature of a member or authorized representative of a member	
Jose	EPH J. D. CAPUA	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00