

**L11000066990**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ADAM R. SCHIFFMAN, P.A.  
Account Number : 120000000100  
Phone : (305) 682-1328  
Fax Number : (305) 682-0063

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HOLLYWOOD BEACHFRONT TOWNHOMES, LLC**

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**ADAM R. SCHIFFMAN, P.A.**  
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DADE (305) 682-1328  
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**FACSIMILE TRANSMITTAL SHEET**

**TO:**

**NAME:**

**FIRM/COMPANY:** Florida Department of State - Division of Corporations  
ELECTRONIC FILING

**TELEFAX NUMBER:** (850) 617-6383

**FROM:**

**ADAM R. SCHIFFMAN, ESQUIRE**

(The original of this document is being retained by the sender but will be transmitted by mail upon request).

**OUR FILE #:** Hollywood Beachfront Townhomes, LLC

**DATE:** September 20, 2011

**TOTAL NUMBER OF PAGES (INCLUDING TRANSMITTAL SHEET):** 5

**COMMENTS:** See attached.

IF YOU DO NOT RECEIVE ALL THE PAGES SET FORTH ABOVE, PLEASE CALL BACK AS SOON AS POSSIBLE AT (305) 682-1328 FOR VOICE CONTACT WITH THE OPERATOR.

THE INFORMATION CONTAINED IN THIS TRANSMISSION MAY BE ATTORNEY/CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATIONS IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. WE WILL REIMBURSE YOUR COSTS. THANK YOU FOR YOUR COOPERATION.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Hollywood Beachfront Townhomes, 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:

ADAM R. SCHIFFMAN, ESQUIRE  
Name of Person  
The Schiffman Law Group, P.A.  
Firm/Company  
2875 N.E. 191 Street, Suite 404  
Address  
Aventura, Florida 33180  
City/State and Zip Code  
aschiffman@olympiatile.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam R. Schiffman, Esquire at ( 305 ) 682-1328  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Hollywood Beachfront Townhomes, 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 Liability Company were filed on June 8, 2011 and assigned Florida document number L11000066990.

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 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

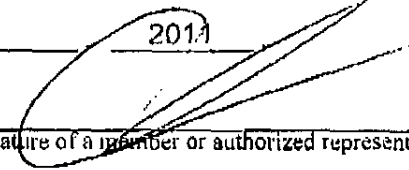
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Avraham Lev Ran	20505 East Country Club Drive, #537 Aventura, Florida 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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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 TALLAHASSEE, FLORIDA

Dated September 12 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Michael Noy, Managing Member  
 \_\_\_\_\_  
 Typed or printed name of signer