

L11000080190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

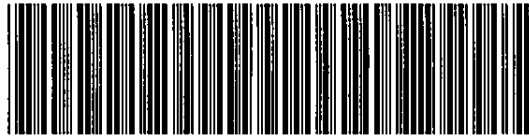
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A. LUNT

AUG 30 2011

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG 29 AM 9:42

08/30/12--01001 010 *25.00

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG 29 PM 3:51

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 08/29/12

REF. #: 001126.171902

CORP. NAME: AJAX BOYNTON BEACH, LLC changing its name to: AJAX NW 65TH STREET, LLC

- () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION
() ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME
() FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY
() REINSTATEMENT () MERGER () WITHDRAWAL
() CERTIFICATE OF CANCELLATION
() OTHER:

STATE FEES PREPAID WITH CHECK# 100800 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY
() CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AJAX BOYNTON BEACH, 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:

ALAN M. GRUNSPAN

Name of Person

CARLTON FIELDS, P.A.

Firm/Company

100 S.E. SECOND STREET, SUITE 4200

Address

MIAMI, FL 33131

City/State and Zip Code

AGRUNSPAN@CARLTONFIELDS.COM

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

For further information concerning this matter, please call:

ALAN M. GRUNSPAN

Name of Person

at (305)

530-0050

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG 29 AM 9:42

FILED

Alan M. Grunspan
Attorney
agrunspan@carltonfields.com

August 29, 2012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG 29 AM 9:42

FILED

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ajax NW 65th Street, LLC
Document No: L10000131821

Dear Sir or Madam:

I am the Manager of Ajax NW 65th Street, LLC, which is an inactive limited liability company. This letter shall serve as notification that I do not intend to reinstate the company and hereby release the name.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Alan M. Grunspan

AMG:ia

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AJAX BOYNTON BEACH, 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 7/12/2011 and assigned
Florida document number L11000080190

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AJAX NW 65TH STREET, LLC

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)

100 S.E. SECOND STREET

SUITE 4200

MIAMI, FL 33131

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

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2012 AUG 29 AM 9:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

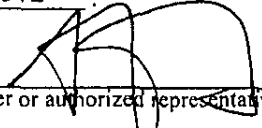
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL STEINER	290 N.E. 68TH STREET MIAMI FL 33138	☐ Add ☒ Remove
			☐ Add ☐ Remove
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			☐ Add ☐ Remove

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2012 AUG 29 AM 9:12
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated AUGUST 29, 2012



Signature of a member or authorized representative of a member
ALAN M. GRUNSPAN

Typed or printed name of signee