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SECRELARY OF STATE

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COVER LETTER

TO:

TO:	Registration So Division of Co			
SUBJE	CCT:	1806 NW 6	7TH AVENUE, LLO	
50 5 0 1			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspo	ondence concerning this matte	r to the following:	
			TOM EVENTAL	
			Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		62	250 SW 47TH COURT	Γ
			DAVIE FL 33314 US	
			City/State and Zip Code	
		E-mail address: (ental@domainres.cor to be used for future annual rep	n ort notification)
For fur	ther information c	concerning this matter, please of	eall:	
		M EVENTAL	at (954)	7016393
	Name o	f Person	Area Code &	Daytime Telephone Number
Enclose	ed is a check for the	ne following amount:		
√] \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	Registration	Corporations

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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11 DEC .	FILE	D
11 DEC SECRETAL SELAHAS		M 4: 56 STATE

1806 Name of the Limited Li.	NW 67TH AVENUE, LL ability Company as it now appear orida Limited Liability Company)	C JÄECI s on our records.94.2	HASSEE FLORIDA
The Articles of Organization for this Limited Liab Florida document numberL1100009989			and assigned
This amendment is submitted to amend the follows A. If amending name, enter the new name of the	_	e:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	····		
ivew 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 Type of Action <u>Title</u> **Address** Name 1 MGRM DANIEL ERNST 6250 SW 47TH COURT ☐ Add DAVIE FL 33314 US ✓ Remove **MGRM GUY SHACHAR** 6250 SW 47TH COURT ✓ Add DAVIE FL 33314 US Remove 🔲 Add _ Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed pame of signee

Page 2 of 2

Filing Fee: \$25.00