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(Re	equestor's Name)	
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(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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### **COVER LETTER**

TO:		istration Sect sion of Corpo			
cup ir			ORE 79TH STREET BEACH	H APARTMENTS LLC	
SUBJE	CI		Name of Limite	ed Liability Company	·
The enc	losed	Articles of A	mendment and fee(s) are subm	itted for filing.	
Please re	eturn	all correspond	dence concerning this matter to	the following:	
			BRIAN D SMITH, ESQ.		
				Name of Person	
LAW OFFICES OF BRIAN D SMITH, ESQ.					
			·	Firm/Company	<del></del>
420 LINCOLN ROAD SUITE 248				· ·	
			***	Address	
			MIAMI BEACH, FL 33139		
			BRIANDSMITHLAW@GMAIL	City/State and Zip Code .COM	
			E-mail address: (to	be used for future annual report notificati	on)
For furt	her in	formation cor	ncerning this matter, please call	l:	
BRIAN D. SMITH, ESQ.				305 672-7000 at ()	
		Name of I	Person	Area Code Daytime Tel	ephone Number
Enclose	d is a	check for the	following amount:		
<b>\$2</b> 5	.00 F	iling 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:

TO:

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

## NORTH SHORE 79TH STREET BEACH APARTMENTS 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 SEPTEMBER 7, 2011 and assigned Florida document number L11000102309 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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 605, 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

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MARIA BARANIECKI	48 PAUL COURT, PEARL RIVER, NY 10965 US	Add
			■ Remove
			☐ Change
MGRM	BOLESLAW BARANIECKI	48 PAUL COURT, PEARL RIVER, NY 10965 LIS	
			■ Remove
			Change
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f an effective o <u>Note:</u> If the	date is listed, the date date inserted in the effective date on the	e must be specific iis block does n	and cannot be pri of meet the appl	or to date of fil: icable statuto	ing or more than 90 ry filing requires	days after filing.) I	ursuant to 605.0207 ill not be listed as
	specifies a dela day after the			not an effec	ctive time, at	12:01 a.m. o	n the earlier o
NOVE	EMBER 1,		2019				
			_		- <i>(</i> )		. /

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Typed or printed name of signee

Filing Fee: \$25.00