

L11000108276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

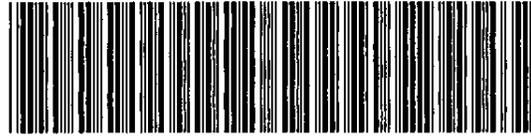
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 MAR 13 AM 10:31  
211.017

B. BOSTICK

MAR 14 2012

EXAMINER



THE TITLE INSURANCE & SETTLEMENT PROFESSIONALS

FACSIMILE TRANSMITTAL SHEET

TO: Registration Section FROM: Eric van der Vlugt, Esq.
COMPANY: Division of Corporations DATE: MARCH 12, 2012
FAX NUMBER: TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: SENDER'S REFERENCE NUMBER:
RE: 4531 Post Avenue LLC name change to JJ Allen Miami LLC YOUR REFERENCE NUMBER: FL Doc # L11000108276

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

To whom it may concern,

I am the registered agent of 4531 Post Avenue LLC, who is amending their documentation to reflect a name change of the business to JJ Allen Miami LLC. Enclosed you should find the Articles of Amendment and a check for \$25 to cover the filing fee. Please register the appropriate changes as soon as you are able, thank you.

If you have any questions or concerns, please don't hesitate to contact me.

Very truly yours,

Eric van der Vlugt, Esq.

12 MAR 13 AM 10:34
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 4531 Post Avenue 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:

**John R. Domingos**  
Name of Person  
  
  
Firm/Company  
  
**655 Redwood Highway #285**  
Address  
  
**Mill Valley, CA 94941**  
City/State and Zip Code  
  
**john@domingos.com**  
E-mail address: (to be used for future annual report notification)

FILED  
12 MAR 13 11:10:34  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Eric van der Vlugt** at ( **305** ) **865-5718**  
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**

4531 Post Avenue 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 9/21/2011 and assigned Florida document number L11000108276.

This amendment is submitted to amend the following:

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

JJ Allen Miami, 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)**

1000 South Pointe Drive

Unit 3502

Miami Beach, FL 33139

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Administrative offices

655 Redwood Highway #285

Mill Valley, CA 94941

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 12 MAR 13 09:10:31  
 SEAL  
 ALABAMA  
 FLORIDA

**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

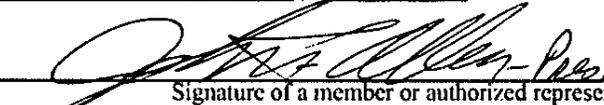
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	St. Regis Group, Inc.	Administrative Offices 655 Redwood Highway #285 Mill Valley, CA 94941	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Dina Goldentayer	1614 Pennsylvania Ave., Unit 2H Miami Beach, FL 33139	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12 MAR 19 AM 10:31  
 FILED  
 STATE  
 TALLAHASSEE, FLORIDA

Dated March 2nd 2012

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 JOHN F. ALLEN  
 \_\_\_\_\_  
 Typed or printed name of signee