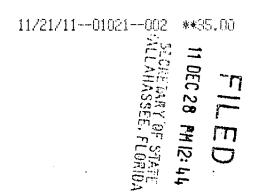
## L11800132156

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D. BRUCE

DEC 3 0 2011

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2011

SAMUEL STRAUCH LEVEL 5 SERVICES INC 1680 MICHIGAN AVENUE, SUITE 1024 MIAMI BEACH, FL 33139

SUBJECT: JADE BEACH CONDO UNIT 2707 LLC

Ref. Number: L11000122156

We have received your document for JADE BEACH CONDO UNIT 2707 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 011A00026506

## **COVER LETTER**

TO:

TO: -	Registration S Division of Co	ection rporations				
SUBJE	CT:	JADE BEACH O	CONDO UNIT 2707 LLC			
		·	ited Liability Company	<del></del>		
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please i	return all corresp	ondence concerning this matte	r to the following:			
			SAMUEL STRAUCH Name of Person	<del></del>		
			Tambe of Telecon			
LE			VEL 5 SERVICES INC			
			Firm/Company			
1680 MICI			HIGAN AVENUE SUITE 1024			
			Address	<del></del>		
MI			IAMI BEACH, FL 33139		=======================================	
			City/State and Zip Code		11'DEC 28	Y
		NBENDE	RSKY@GETAFFINITY.COM	TARY	28	
		E-mail address: (	to be used for future annual report notification)		7	
For furt	her information of	concerning this matter, please of	all:	LOR!	11:21 HJ	
	NATAL	IA BENDERSKY	at ( 305 ) 673-1160	ON E	ŧ.	
	Name o	of Person	Area Code & Daytime Telephone Nu	nber	-	
Enclose	ed is a check for t	he following amount:			•	
<b>\$2</b> 5.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed)	Filing Fer ficate of S fied Copy tional cop	tatus d	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JADE BEACH CO	ONDO UNIT 270	rs on our records )	<del></del>	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company)	is on our records.		
The Articles of Organization for this Limited Liability Com Florida document number L11000122156	pany were filed on	10/26/2011	and assigned	
riolida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Compa	iny," the designation "LL	C" or the abbreviatio	
Enter new principal offices address, if applicable:		Pos		
Principal office address MUST BE A STREET ADDRES	<u> </u>		<u> </u>	
		ASC TO	23	
		第二 第二	<b>∄</b> M	
Enter new mailing address, if applicable:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	10 R D	<u> </u>	
	<u> </u>			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter the	e name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	· · · · · · · · · · · · · · · · · · ·	, Florida		
	Citv		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 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> Name | **Address** Type of Action MGR **BESAMA GROUP LTD** 7318 WINDY PORT LN RICHMOND TX 77407 Remove SABEMA CORP MGR 7318 WINDY PORT LN **✓** Add \_\_\_\_ Remove RICHMOND TX 77407 ☐ Add Remove ☐ Add Remove Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **DECEMBER 07** 2011 Dated Signature of a member or authorized representative of a member LUIS JAVIER COBO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00