L11000125647

(Requ	estor's Name)	
(Addre	ess)	
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SECRETARY OF STATIONAL AHASSEE, FLOR





COVER LETTER

TŌ:		ation Section n of Corporations	. • • • • • • • • • • • • • • • • • • •
SUBJE	ECT:		Florida Limited Liability Company imited Liability Company
		Name of L	imited Liability Company
The en	closed Ar	ticles of Amendment and fee(s) are	
Please	return all	correspondence concerning this ma	tter to the following:
		***************************************	Nestor Gorfinkel
			Name of Person
		Ne	estor B. Gorfinkel Chartered
			Firm/Company
		208	318 WEST DIXIE HIGHWAY
			Address
			AVENTURA FL 33180 US City/State and Zip Code
			nestor@nbglawfirm.com
		E-mail addres	s: (to be used for future annual report notification)
For fur	ther infor	mation concerning this matter, plea	se call:
		Nestor Gorfinkel	at (305) 932-5757
		Name of Person	Area Code & Daytime Telephone Number
Enclos	ed is a ch	eck for the following amount:	
\$25	5.00 Filinį	g Fee \$30.00 Filing Fee & Certificate of Statu	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section Division of Corporations P.O. Box 6327	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

ACCURATE SOLUTION OF THE SOLUT

ROBIN APTS, LLC, a Florida Limited Liability Company

(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	11/03/2011	and assigned
Florida document numberL11000125647			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	Post Office E	3ox 403353	
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach	n, Florida 33140	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street addi	WASS
			
	City	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

1

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** Title Name **Address** MGR Meyer Muschel 340 BOWERY WHITEHOUSE HOTEL ☐ Add NEW YORK NY 10012 US Yaakov Brafman MGR 20818 West Dixie Highway Aventura, Florida 33180 US... MGR Eli Weberman 20818 West Dixie Highway Aventura, Florida 33180 US. Remove ∏Add 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

Yaakov Brafman

2012

November

Dated ____

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00