

L110000128056

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Document Number)

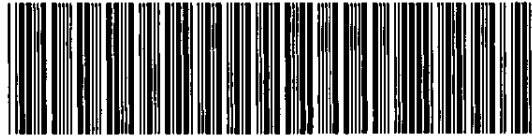
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT 29 PM 2:16

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 5701 COLLINS 1719 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:

Manuel A. Rodriguez  
Name of Person

Best Choice Accounting Consultants, Inc.  
Firm/Company

21121 SW 85th Avenue, Suite #203  
Address

Cutler Bay, FL., 33189  
City/State and Zip Code

manrod2@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel A. Rodriguez at ( 305 ) 978-2912  
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**

5701 COLLINS 1719 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 11/09/2011 and assigned Florida document number L11000128056.

This amendment is submitted to amend the following:

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

5701 COLLINS 1719 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)**

5701 COLLINS AVENUE,

UNIT #1719

MIAMI BEACH, FL., 33140.

**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 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

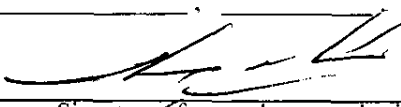
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN J. ANGELI	5701 Collins Avenue, Unit #1719, Miami Beach, FL., 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JUAN J. ANGELI	5701 Collins Avenue Unit #1719 Miami Beach, FL., 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANA MARIA PIAGGIO	5701 Collins Avenue Unit #1719 Miami Beach, FL., 33140	<input checked="" 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.)*

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

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 JUAN N. ANGELI - Managing Member  
 \_\_\_\_\_  
 Typed or printed name of signee