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| (Requestor's Name) | | | | |
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| . (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Do | cument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: | Registration Sec Division of Cor | | | 1 | | | |
|---------------|-------------------------------------|-------------------------------|--|--------------------------|---------------|----------------|-------|
| SUBJI | ECT: | 4560 SHE | ERIDAN HFL, LLC | | | | |
| | | | nited Liability Company | | • | | |
| The en | closed Articles of A | Amendment and fee(s) are su | abmitted for filing. | | | | |
| Please | return all correspo | ndence concerning this matte | er to the following: | | | | |
| | | • | Elliott J. Gelfand | | _ | | |
| | | | Name of Person | | | | |
| | | Ellic | ott J Gelfand, C.P.A., P | P.A. | | | |
| | | | Firm/Company | | _ | | |
| | | 10661 | N Kendall Drive Suit | e 201 | <u>.</u> | | |
| | | | Address | | | | |
| | | | Miami, Florida 33176 | | | 2011 DEC 16 | |
| | | City/State and Zip Code | | 発音 | DEC | 77 | |
| | | E-mail address: | Blomies @ aol.com (to be used for future annual repo | ort notification) | SSE | 6 | بمعتد |
| For fur | ther information co | oncerning this matter, please | _ | | OF STA | 7 2 | |
| | Ellic | ott J Gelfand | at (305) | 274-8181 | | <u></u> | |
| | Name of | | | Daytime Telephone Number | er | | |
| | | ,\$55- | | | | | |
| Enclose | ed is a check for the | e following amount: | | | | | |
| □ \$25 | .00 Filing Fee | Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is en | nclosed) Certifie | ate of Status | | ed) |
| | | | | | | | |

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

AECO CHEDIDAN HELLILO

| (Name of the Limited Lightli | TERIDAN TEL, L | LU |
|---|-----------------------------|---|
| (<u>Name of the Limited Liabili</u> (A Florida | a Limited Liability Compan | y) |
| The Articles of Organization for this Limited Liability Florida document number | Company were filed on | November 16, 2011 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company | <u>here</u> : |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Cor | mpany," the designation "LLC" or the abbreviati |
| | | <u> </u> |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADL | ORESS) | |
| | | SS 6 |
| | | |
| Enter new mailing address, if applicable: | | FST - |
| (Mailing address MAY BE A POST OFFICE BOX) | | ÖN 🚡 |
| | | |
| B. If amending the registered agent and/or regi registered agent and/or the new registered office ad | | n our records, <u>enter the name of the ne</u> |
| 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 ' **Type of Action** <u>Title</u> <u>Name</u> **Address** MGR **LUC GIROUX** 1221 BRICKELL AVE 9TH FLOOR √ Remove MIAMI FL 33131 USA Add Remove ☐ Remove Add Remove ₹ | Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 15 2011 Dated_ Signature of a/member or authorized representative of a member Elliott J. Gelfand Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00