L12000009503

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JUN 1 3 2012 T. **HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT:	900	OFFICES COMM	ERCIAL AGREEME	NT, LLC			
		Name of Limi	ted Liability Company				
		mendment and fee(s) are sub	_				
	,		g.				
		YOLAN	DA KATON, LEGAL AS	ST.			
			Name of Person				
ALEX D. SIRULNIK, P.A. Firm/Company							
2701 PONCE DE LEON BLVD. STE 202 Address							
		COF	OAL CARLES Et 2212				
		COP	RAL GABLES, FL 33134 City/State and Zip Code	<u>'</u>			
		YKATO E-mail address: (1	ON@SIRULNIKLAW.CO	ontification)			
For further inform	nation con	cerning this matter, please c	·				
	Υ ΟΙ Δ1	NDA KATON	205	443-7211			
	Name of P		at (<u>305</u>) Area Code & Da	ytime Telephone Number			
Enclosed is a che		following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registrate Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration S Division of Co Clifton Buildin	rporations ig e Center Circle			

TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF

900 OFFICES COMMERCIAL AGREEMENT, 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 onFebruary 9, 2012 and assigned		
Florida document numberL12000019503			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	2560 NE 190 St. #3		
(Principal office address MUST BE A STREET ADDRESS)	Aventura FL 33180		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above		
B. If amending the registered agent and/or registered office address here			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	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>	Name	Address	Type of Action				
MGR	WALTER FISCHER	1000 E. Hallandale Beach Blvd. Hallandale Beach, FL 33009	Add X Remove				
MGR	NICOLAS DAYAN	2560 NE 190 Street #3 Aventura, FL 33180	Add Remove				
-			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amer	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)					
-		•	SECRETARY OF SIMILATION OF CORPORATE TO SECRETARY OF SIMILATION OF CORPORATE TO SECRETARY OF SIMILATION OF CORPORATE TO SECRETARY OF SIMILATION OF SIMILATIO				
Dated	April 24 ,	2012	O: 06				
	Signature of a mo	ember or authorized representative of a member					
	Nicolas Dayan Typed or printed name of signee						

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Filing Fee: \$25.00