Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAW OFFICES OF STEINBERG & ASSOCIATES, P.A.

Account Number : 119980000080 Phone : (305)538-2344 : (305)538-0419 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Rmail Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 116 W FLAGLER STREET, LLC

Certificate of Status	0
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EXAMINER

## H12000280146 3 COVER LETTER

TO:

Registration Section
Division of Corporations

116 W FLAGLER STREET, 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:

MARK ALHADEFF, ESQ.

Name of Person

THE ALHADEFF LAW GROUP

Firm/Company

767 ARTHUR GODFREY ROAD

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

MARK@ALHADEFFLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK ALHADEFF

\_\_305\52**8-2344** 

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 Piling 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

## 

	City	Zip Code	
	, Florida		
New Registered Office Address:	Enter Florida	street address	
Name of New Registered Agent:			
B. If amending the registered agent and/or registered agent and/or the new registered office addres		is, enter the name of the new	
	<u> </u>	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		OAA O	
Enter new mailing address, if applicable:			
A CHILDREN MICHAEL WANTER MEDITA OF THE CONTRACTOR CONTRACTOR		95 29 PE	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the des	signation "LLC" of the abbreviation	
A. If amending name, enter the new name of the limited	d liability company here:		
This amendment is submitted to amend the following:			
Florida document number L12000024856			
The Articles of Organization for this Limited Liability Com	and assigned		
(Name of the Limited Liability Co	ompany as it now appears on our re lited Liability Company)	cords.)	

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

Page 1 of 3

MGR = Manager MGRM = Managing Member				
<u>Title</u>	Name	<del></del>	Type of Action	
MGRM	116 W FLAGER INVESTMENTS, LLC	2200 BISCAY协E BL如D.	_	
		MIAMI, FL 33137	Remove	
			-	
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			Add	
			Remove	
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	,		Remove	
			- Add	
			Remove	

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any other information, enter change(s) here: (Attach additional sheets, if necessary.)
11/29 _, 2012.
1/01,001
Ma M
Signature of a member of surhorized representative of a member
Mark Alhadeff
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00