

L12000025515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

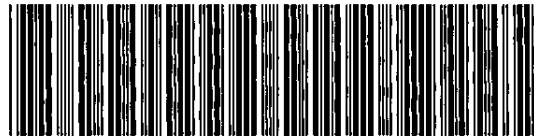
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 29 PM 4:32 2012 NOV 29 AM 9:52

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DIVISION OF CORPORATIONS

FILED

C. LEWIS

NOV 30 2012

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COPACABANA FT. LAUDERDALE, LLC

Signature _____

Requested by: SETH

11/29/12 AM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COPACABANA FT. LAUDERDALE, 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:

FRANCISCO A. CORRALES, ESQ.

Name of Person

SILVERBERG & WEISS, P.A.

Firm/Company

1290 WESTON ROAD, SUITE 218

Address

WESTON, FL 33326

City/State and Zip Code

PSILVERBERG@PKSLEGAL.COM

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

For further information concerning this matter, please call:

FRANCISCO A. CORRALES at **954 384-0998**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 NOV 29 AM 9:52

COPACABANA FT. LAUDERDALE, 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 02/22/2012 and assigned
Florida document number L12000025515.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

219 S. ANDREWS AVENUE

FT. LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

219 S. ANDREWS AVENUE

FT. LAUDERDALE, FL 33301

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:

SILVERBERG & WEISS, P.A.

New Registered Office Address:

1290 WESTON ROAD, SUITE 218

Enter Florida street address

WESTON

Florida 33326

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.

J. Corrales
If Changing Registered Agent, Signature of New Registered Agent

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DIVISION OF CORPORATIONS

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

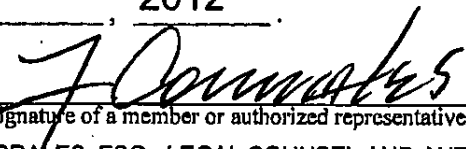
2012 NOV 29 AM 9:52

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>JOHN L. SULLIVAN</u>	<u>214 E. 49TH STREET, 2ND FLOOR</u>	<input type="checkbox"/> Add
		<u>NEW YORK, NY 10017</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>JOSE SANCHEZ</u>	<u>219 S. ANDREWS AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>FT. LAUDERDALE, FL 33301</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>ARAMIS"ALEX" SANCHEZ</u>	<u>219 S. ANDREWS AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>FT. LAUDERDALE, FL 33301</u>	<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)*

2012 NOV 29 AM 9:52

Dated NOVEMBER 29, 2012


Signature of a member or authorized representative of a member

FRANCISCO A. CORRALES, ESQ., LEGAL COUNSEL AND AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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Filing Fee: \$25.00