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COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT:	JUNI	E 21ST LLC	
5000		Name of Lim	ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			BRIAN SMITH	
			Name of Person	
E			BRIAN SMITH ESQ.	<u> </u>
Firm/Company			Firm/Company	
420 LINCOLN RD #248				
Address				
		MI	AMI BEACH, FL 33139	
		 -	City/State and Zip Code	_
		E-mail address: (dslaw@bellsouth.net to be used for future annual report not	ification)
For fur	ther information	concerning this matter, please of	call:	
	В	RIAN SMITH	at (_305_)	672-7000
	Name	of Person	Area Code & Daytin	ne Telephone Number
Enclos	ed is a check for	the following amount:		
₹ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Section 1 Section 2 Sectio
	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Section Division of Corportion Building 2661 Executive Country	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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12 JUN ! I AM II: 57

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

	JUNE 21ST LLC	TALL	AHASSEE, FLORIDA
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	THE ORIDA
The Articles of Organization for this Limited Li	ability Company were filed on	03[26[2012	and assigned
Florida document numberL12000041			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street add	
	Ei		ress
	City	, Florida	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>	Address	Type of Action
MGR	GIORGIO PICINELLI	1680 MICHISAN ASE SUITE 910 MIAMI BEACH, FL 33139	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			
	ILINE 07	12	
Dated	JUNE 07 , 20		
		or authorized representative of a member	
		RISTIAN CALUSA	

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Filing Fee: \$25.00