

L12000049480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
12 MAY - 7 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY - 9 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pine Green Acres, 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:

Simha Rabi

Name of Person

Firm/Company

845 NE 79 Street

Address

Miami, FL. 33138

City/State and Zip Code

simrabi@gmail.com

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

For further information concerning this matter, please call:

Simha Rabi

Name of Person

at (305)

398-7574

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 Filing 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

12 MAY -7 PM 12: 31

Pine Green Acres, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 04/11/12 and assigned
Florida document number L12000049480.

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 "L.L.C."

Enter new principal offices address, if applicable:

845 NE 79 Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL. 33138

Enter new mailing address, if applicable:

845 NE 79 Street

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL. 33138

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roy Mussaffi	210-71st Street Suite 309 Miami Beach, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Nava Mussaffi	210-71st Street Suite 309 Miami Beach, FL 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Simha Rabi	300-41 Street Suite 213 Miami Beach, FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Simha Rabi	845 NE 79 Street Miami, FL 33138	<input checked="" type="checkbox"/> Add <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.)

FILED
12 MAY -7 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated April 30, 2012.

Signature of a member or authorized representative of a member
Simha Rabi
Typed or printed name of signee