

FROM

Division of Corporations

L12 000054813

No. 8160081130 P 1

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H12000132758 3)))



H120001327583ABCs

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DAVID TORCHIN, C.P.A., P.A.
Account Number : I19990000007
Phone : (954) 472-3124
Fax Number : (954) 323-6301

FILED
12 MAY 16 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1601 CONGRESS PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

12 MAY 16 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H12 000132758 3

<https://efile.sunbiz.org/scripts/efilcovr.exe>

N. Gulligan

MAY 17 2012 5:16/2012

FROM

(WED) MAY 16 2012 15:01/ST. 14:58/NO. 9190091130 P 2

H12000132758 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

12 MAY 16 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1601 Congress Partners, 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 04/23/2012 and assigned
Florida document number L12000054813

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:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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)

H12000132758 3

FROM

(WED) MAY 16 2012 15:01/ST. 14:59/No. 9160061130 P 9

1112 0001327583

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

Title	Name	Address	Type of Action
MGRM	Fred Abramovitch	5531 N University Dr. # 103 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Congress Managers, LLC	5531 N. University Dr. # 103 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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.)

Dated May 16, 2012

Signature of a member or authorized representative of a member

DAVID TORRES MGRM

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

1112 0001327583

FILED
12 MAY 16 AM 8:23
CLERK OF STATE
TALLAHASSEE, FLORIDA