## L120000 58624

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## COVER LETTER

TO: Registration Section **Division of Corporations** 

JANAH BAHIA 1907 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:

Yolanda Katon, Legal Asst.

Name of Person

Alex D. Sirulnik, P.A.

Firm/Company

2199 Ponce De Leon Blvd., Ste 301

Address

Coral Gables, FL 33134

City/State and Zip Code

ykaton@sirulniklaw.com

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

For further information concerning this matter, please call:

Yolanda Katon

 $at \underbrace{(305)}_{Area\ Code} \underbrace{443\text{-}7211\ Ext.\ 1}_{Daytime\ Telephone\ Number}$ 

Name of Person

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

JANAH BAHIA 1907 LLC			
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liabilit Florida document number L12000058624	y Company were filed on May 1, 2012	and assig	gned
This amendment is submitted to amend the following	g;		
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:		<del></del>	
(Principal office address MUST BE A STREET AL	ODRESS)		
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office a		r the name o	of the new
Name of New Registered Agent:		S S	
New Registered Office Address:	Enter Florida street address	SEP 10 REJARY AHASSE	
_	, Florida	Mo ₽	175
New Registered Agent's Signature, if changing Regis	City tered Agent:	19815 19815 19815 19815	Carlo Carlo

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Name</u>	Address	Type of Action
Andres R. Guzzo	2275 Biscayne Blvd., Ste	: 1 Add
	Miami, FL 3317	■ Remove
Martin E. Dell'Oca	1110 Brickell Avenue	 ■ Add
	Suite 800	□ Remove
	Miami, FL 33131	
		□ Remove
		□ Add  Add  Remove
		AHASSEE FLOORING
	Andres R. Guzzo	Andres R. Guzzo  2275 Biscayne Blvd., Ste  Miami, FL 3317  Martin E. Dell'Oca  1110 Brickell Avenue  Suite 800  Miami, FL 33131

D. If amen	iding any other information, e	nter change(s) here: (Attach add	ditional sheets, if necessary.)
		·	
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_		·	
E. Effective (The effective the date)	ve date, if other than the date of tive date must be specific, cannot be pr this document is filed by the Florida De	of filing: ior to date of receipt or filed date and can epartment of State)	(optional) not be more than 90 days after
Dated	SEPTEMBER 3	2014	
	$\mathcal{A}$		
	_	are of a member or authorized representa	
	ALEX D. SIRULNI		ED REPRESENTATIVE
		Typed or printed name of signe	e

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Filing Fee: \$25.00

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SECREDARY OF STATE
ALLAMASSEE STADE