

#L 12000064950

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TALLAHASSEE, FLORIDA

X. SALY
EXAMINER
NOV 25 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LDR MIAMI, 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:

ELENA IVANNIKOVA

Name of Person

MUROFF, MILESTONE & MILESTONE

Firm/Company

2999 SE 191st Street, Suite 709

Address

AVENTURA, FL 33180

City/State and Zip Code

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

For further information concerning this matter, please call:

ELENA IVANNIKOVA

Name of Person

954 592-55 74

at ()

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
850-245-6051

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

FILED
13 NOV 21 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LDR MIAMI, 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 OCTOBER 11, 2012 and assigned
Florida document number L12000064950.

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

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:

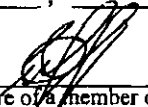
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	RICHARD LEMOINE	500 Pennsylvania Avenue	<input type="checkbox"/> Add
		Unit 108	<input checked="" type="checkbox"/> Remove
		Miami Beach, FL 33139	
Secretary	NATASHA BACKO	2999 NE 191 st Street	<input type="checkbox"/> Add
		Suite 709	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	
CEO	ELENA IVANNIKOVA	2999 NE 191 st Street	<input type="checkbox"/> Add
		Suite 709	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	
MGR	ELENA IVANNIKOVA	2999 NE 191 st Street	<input checked="" type="checkbox"/> Add
		Suite 709	<input type="checkbox"/> Remove
		Aventura, FL 33180	
			<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.)*

The Company shall be a Manager managed Company.

Dated 14 November, 2013



Signature of a member or authorized representative of a member

 Elena Ivannikova

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00