

FROM

Division of Corporations

(FRI) JUL 27 2012 13:32/ST. 13:31/No. 8160061638 P 1
Page 1 of 1

L1200088290

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.

((H120001921123)))



H120001921123ABCT

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

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

Email Address: _____

APPROVED
AND
FILED

12 JUL 27 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

12 JUL 27 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VILLAGE 14407, LLC

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

D. BRUCE

JUL 27 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FROM

(FRI) JUL 27 2012 13:38/ST. 13:31/No. 9180061838 P 2

JUL 25 12 02:06p

Summit Van Lines

9549906846

p 1

H120001921123

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Village 14407, 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 07/06/2012 and assigned
Florida document number L12000086290

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 "LLC."

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)

H120001921123

12 JUL 27 AM 8:37

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM

(PRI) JUL 27 2012 10:40/ST. 10:51/No. 9160061836 P 3

Jul 25 12 02 07p

Summit Van Lines

9549606845

p 2

H 12 000 192112 3

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	Guy Shoshan	990 NW 10th Ave Ft Lauderdale, FL 33311	☒ Add ☒ Remove
MGRM	Carina Veksler	5531 Warwick Pl Chevy Chase, MD 20815	☒ Add ☒ Remove
MGR	Guy Shoshan	990 NW 10th Ave Ft Lauderdale, FL 33311	☒ Add ☒ Remove
MGR	Carina Veksler	5531 Warwick Pl Chevy Chase, MD 20815	☒ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated July 25, 2012

X

Signature of a member or authorized representative of a member

Ofer Gazit

(Typed or printed name of signer)

Page 2 of 2

H 12 000 192112.3

APPROVED
AND
FILED
12 JUL 27 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA