## #L/200091056

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Doe	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to I	Filing Officer.			
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Office Use Only



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FILED

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SECRETARY OF STATE
MINASSEE, FLORIDA

K.SALY EXAMINER SEP 17 2012



September 4, 2012

SFRH SF RENTAL GP, LLC ADAM LEVINSON 5300 NW 12 AVE. #1 FORT LAUDERDALE, FL 33309

SUBJECT: SFRH SF RENTAL GP, LLC

Ref. Number: L12000091056

We have received your document for SFRH SF RENTAL GP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 712A00022350

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Division of Cor	porations				
SUBJECT:	SFRH SF F	RENTAL GP, LLC			
		ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		X.			
		ADAM LEVINSON			
	<del>, ,</del>	Name of Person			
	SFRH SF RENTAL GP, LLC				
	Firm/Company				
	5300 NW 12 AVENUE #1				
		Address			
	FORT LAUDERDALE, FL 33309				
	City/State and Zip Code				
	LEVINSON.ADAM@GMAIL.COM				
	E-mail address: (to	o be used for future annual report n	otification)		
For further information co	oncerning this matter, please ca	all:			
ADA	M LEVINSON	at ( 954 )	736-7144		
Name o	f Person	Area Code & Day	time Telephone Number		
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

**Registration Section** 

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

12 SEF	FILEL 13 PM	
TALLAHA	ARY OF S	11.3 <b>8</b> Tare
SECRET FALLAHA D	oset, FL	ORIDA

SFRH SF RENTAL GP, 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 Florida document numberL12000091056	Company were filed on	7/12/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>.</u>	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			····
(Principal office address MUST BE A STREET ADI	<u>ORESS)</u>	<u>,</u>	
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	<del></del>		· · · · · ·
New Registered Office Address:			
	En	ter Florida street add	dress
		, 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 almending 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> **Type of Action MGRM** ADAM LEVINSON 5300 NW 12 AVENUE #1 ✓ Add FORT LAUDERDALE, EL 33309 ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Dated Signature of a member or authorized representative of a member ADAM LEVINSON

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00