

11/26/2012 4:39

3054166811

ADAMS GALLINAR PA

PAGE 01/05

Division of Corporations

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.

(((H12000277441 3)))



H120002774413ABC

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 : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 26 AM 9:32

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

Email Address: acamps@agilaw.com

RECEIVED
12 NOV 26 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE FLAT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$25.00

B. KOHR

NOV 27 2012

EXAMINER

COVER LETTER

(((H12000277441 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: THE FLAT, 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:

Annette Camps

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, FL 33131

City/State and Zip Code

acamps@agilaw.com

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

For further information concerning this matter, please call:

Annette Camps

Name of Person

at (**305**) **416-6800**

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

(((H12000277441 3)))

FILED
12 NOV 26 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT (((H12000277441 3)))
TO
ARTICLES OF ORGANIZATION
OF

THE FLAT, 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 10/01/2012 and assigned
 Florida document number L12000125059

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, Sign (H12000277441 3) 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>
MGRM	Cedric Adegnika	500 South Pointe Drive, Suite 180	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
MGR	Cedric Adegnika	500 South Pointe Drive, Suite 180	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
MBR	Cedric Adegnika	500 South Pointe Drive, Suite 180	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
MBR	Bazucca, LLC	1040 Biscayne Blvd., #1805	<input checked="" type="checkbox"/> Add
		Miami, FL 33132	<input type="checkbox"/> Remove
MGR	Barbara Zuccarelli	1040 Biscayne Blvd., #1805	<input checked="" type="checkbox"/> Add
		Miami, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

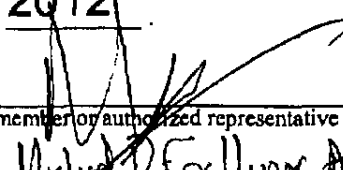
(((H12000277441 3)))

((H12000277441 3)))

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

Dated **November 26**, **2012**

Signature of a member or authorized representative of a member


Michael D. Gallinar, Attorney at Law

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

((H12000277441 3)))