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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD. :

Account Number : I20070000019

Phone

: (518)689-1212

Fax Number

: (518)432-0742

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

Emp11	Address:			

2016 FEB 26 PM 4: 59
SLURE AND BE TAKE
FALLAHASSEP. FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRIGORIY LEYZERENOK, LLC

Certificate of Status	0
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FEB 2 9 2016

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRIGORIY LEYZERENOK, LLC				•
(Name of the Limite	Liability Compa A Florida Limited I	ny as it now appears or Liability Company)	our records.)	<del></del> _
The Articles of Organization for this Limited Lia	bility Company	were filed on 10/12/	2012	and assigned
Florida document number L12000130250				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
WEINSTEIN HALLANDALE PROPERTIES LLC				is a second
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the desig	nation 'LLC" or the abl	
Enter new principal offices address, if applica	ble:	3105 BRIGHTON	3RD STREET	8 :A 57 - A 57 -
(Principal office address MUST BE A STREET		SUITE 1-K		<b>6</b> 07-41
		BROOKLYN, NY	11235	1 30
Enter new mailing address, if applicable:		3105 BRIGHTON	3RD STREET	07 07 07 07 07 07 07 07 07 07 07 07 07 0
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 1-K		
		BROOKLYN, NY	11235	
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address her	·e:	ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	ent: IRA SHAPIRO			
New Registered Office Address:	16375 NORTH	IEAST 18TH AVENU		
•	<u> </u>	Enter Florida	street address	
	NORTH MIA	MI BEACH	, Florida _33	162
		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 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

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02/26/2016 15:28 FAX 5184320742

1 Incorporate

H160CCOO5U33003

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GRIGORIY LEYZERÊNOK	1410 SHORE BLVD.	□ Add
		BROOKLYN, NY 11235	■ Remove
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			□ Add
			□ Remove
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If amending any other information,	, enter change(s) her	e: (Attach addition	nal sheets, if necessar	ンクしょう。 いりしょうと
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Effective date, if other than the date	e of filing:		(optional)	
(If an effective date is listed, the date must be s Note: If the date inserted in this block of	pecific and cannot be prior loes not meet the applic	cable statutory filing	e than 90 days after filing	.) Pursuant to 605.02
document's effective date on the Depart	ment of State's records	<b>i.</b>		
the record specifies a delayed eff The 90th day after the record	ective date, but no is filed.	ot an effective ti	me, at 12:01 a.m.	on the earlier
Dated FEBRUARY 23RD	2016		. /	•
		/////		
-	lele	porized representative of		

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Typed or printed name of signee