

#L12000149439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 JUL -9 AM 10:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUL 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILSHIRE 719 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:

Harold M. Garber

Name of Person

Harold M. Garber, PA

Firm/Company

2999 NE 191 St #900

Address

Aventura, FL 33180

City/State and Zip Code

hmgarber@bellsouth.net

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

For further information concerning this matter, please call:

Harold Garber

Name of Person

at 305 332-1335

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

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

WILSHIRE 719 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 JUL -9 AM 10:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 29, 2012 and assigned Florida document number L12000149439.

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:

3032 E Commercial Blvd #120

(Principal office address MUST BE A STREET ADDRESS)

Ft Lauderdale, FL 33308

Enter new mailing address, if applicable:

3032 E Commercial Blvd #120

(Mailing address MAY BE A POST OFFICE BOX)

Ft Lauderdale, FL 33308

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Harold M Garber

New Registered Office Address:

2999 NE 191 St #900

Enter Florida street address

Aventura

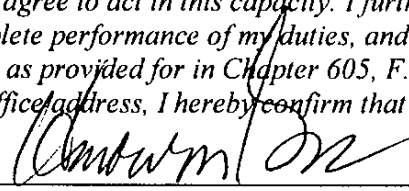
City

, Florida 33180

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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

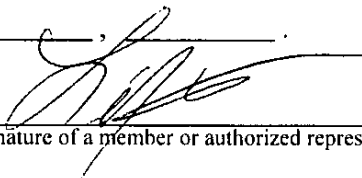
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Achiaz A. Oz	1300 NE Miami Gardens Dr #221 E	☐ Add
		Miami, FL 33179	☒ Remove
MGR	Achiaz Oz	3032 E Commercial Blvd #120	☒ Add
		Ft Lauderdale, FL 33308	☐ Remove
MGRM	Lily Attas	1300 NE Miami Gardens Dr #221 E	☐ Add
		Miami, FL 33179	☒ Remove
MGR	Lea Lily Attas	3032 E Commercial Blvd #120	☒ Add
		Ft Lauderdale, FL 33308	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/30/2014



Signature of a member or authorized representative of a member

Lea Lily Attas

Typed or printed name of signee